BOWLING GREEN MUNICIPAL UTILITIES



ELECTRIC • WATER • WASTEWATER • FIBER OPTICS

801 CENTER STREET
P.O. BOX 10300
BOWLING GREEN, KENTUCKY 42102-7300
(270) 782-1200
FAX (270) 782-4320
www.bgmu.com

August 28, 2008

Mr. Jory Becker Manager Surface Water Permits Branch Kentucky Division of Water Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601



Subject: KPDES Permit Application Submittal

Wastewater Treatment Plant Expansion and Renovation

Bowling Green Municipal Utilities

Bowling Green, Warren County, Kentucky

GS&P Project No. 26064.00 BGMU Project No. S07-653

Dear Mr. Becker:

Please find enclosed the KPDES permit application submittal containing one original of Form 1 and one original of Form A supporting the Bowling Green Municipal Utilities Wastewater Treatment Plant Expansion and Renovation project. Funding has been approved for this project through the Clean Water State Revolving Fund program. The Wastewater Treatment Plant Expansion and Renovation project will increase the design capacity of the subject facility from 10.6 MGD to 15.3 MGD (summer) and 17.5 MGD (winter). The Wastewater Treatment Plant Expansion and Renovation project will be completed prior to the expiration date of the current KPDES Permit No. KY0022403 for the subject facility, which is October 31, 2011.

We are aware that the Kentucky Division of Water cannot proceed with final approval of the enclosed application submittal until the necessary Construction Permit Application for Wastewater Treatment Plant form and documentation is approved by the Facilities Construction Branch of the Division of Water. Gresham, Smith and Partners, our consulting engineer, will submit the Construction Permit Application for Wastewater Treatment Plant form and supporting documentation to the Facilities Construction Branch within the next three to four months. Therefore, BGMU would appreciate any steps the Kentucky Division of Water could take to expedite a preliminary review of this submittal so that any other issues can be immediately resolved.

Our consulting engineer is at your disposal for answering any questions you may have or providing any additional information required. Please contact Ms. Kim Hargett, P.E. at 731-613-2034 at any time to request additional information.

Mr. Jory Becker August 26, 2008 Page 2 of 2

Thank you in advance for your attention to this project and we look forward to your earliest reply.

Sincerely,

Bowling Green Municipal Utilities

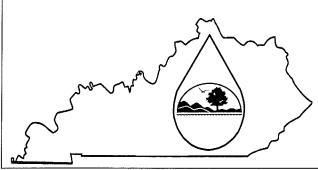
Mchael R. Gardner, P.E.

Systems Manager Water/Sewer Division

MG:ah

Enclosures: Form 1 and Form A

Scott Neighbors (BGMU) Kim Hargett, P.E. (GS&P) Сору



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

~									
This is an application to: (check	one)	A complete applicat	tion consist	s of this form and one of the					
Apply for a new permit.	,	following:							
Apply for reissuance of ex	spiring permit.	Form A, Form B, Fo	orm C, Fori	m F, or Form SC					
Apply for a construction p		, ,	,	,					
Modify an existing permit		For additional info	ormation co	ontact:					
Give reason for modificat		KPDES Branch (502) 564-3410							
		AGENCY	NIA						
I. FACILITY LOCATION AN	ND CONTACT INFORMATION	1	UU	22403					
A. Name of business, municipality, com Bowling Green Municipal Utilities									
B. Facility Name and Location		this address). Inc. different.	elude owner m	(all facility correspondence will be sent to nailing address on a separate sheet if					
Facility Location Name:		Facility Contact Name	e and Title: N	Mr. ⊠ Ms. □					
Bowling Green Municipal Utilities Was	stewater Treatment Plant	Tim Fischer, Chief Op	perator						
Facility Location Address (i.e. street, roa		Mailing Address:							
1100 Parata - Otara - 1		901 C C4							
Facility Location City, State, Zip Code:		801 Center Street Mailing City, State, Z.	'in Code:						
			-						
Bowling Green, Kentucky 42101		Bowling Green, Kentu	ucky 42102	AND					
		Facility Contact Telep	onone Number						
		(270) 782-4389							

II. FACILITY DESCRIPTION									
A. Provide a brief description of	of activities, products, etc: Provide	wastewater treatment	t to the resi	dences, businesses, and industries					
	limits of the City of Bowling Gree								
Water District. The existing	g facility will be renovated by char	nging the treatment sc	heme from	trickling filters to sequencing					
	nent capacity will be expanded from	n 10.6 MGD to 15.3 I	MGD (Sum	nmer) and 17.5 MGD (Winter) in					
order to meet future 20-year	design flows.								
	tion (SIC) Code and Description								
Principal SIC Code &									
Description:	4952 / Sewerage Systems	T							
Other REGION 1									
Other SIC Codes:									
THE THEORY I DO LINED I									
III. FACILITY LOCATION									
	vey 7 ½ minute quadrangle map for	· · · · · · · · · · · · · · · · · · ·							
B. County where facility is locate Warren		City where facility i Bowling Green	is located (i	f applicable):					
C. Body of water receiving disch Barren River	narge:								
D. Facility Site Latitude (degrees	s, minutes, seconds):	Facility Site Longitu	ude (degree	es, minutes, seconds):					
37 00' 40" N		86 27' 28" W							
E. Method used to obtain latitude	e & longitude (see instructions):	From previous rene	wal applica	tion					
E Facility Dun and Dradatnost N	(umbar (DINE #) (if annliaghla)								

IV. OWNER/OPERATOR INFORMAT	TION									
A. Type of Ownership: Discrete Privately Ownership:	ned State Owned	Both Public and Pri	vate Owned Federally owned							
B. Operator Contact Information (See inst		_ Dom'r done did i'i'	vate owned in Todorany owned							
Name of Treatment Plant Operator: Tim Fischer		Telephone Number: (270) 782-4389								
Operator Mailing Address (Street):		(270) 782-4389								
801 Center Street										
Operator Mailing Address (City, State, Zip Code): Bowling Green, Kentucky 42102										
Is the operator also the owner? Yes No		Is the operator certified? Yes No	If yes, list certification class and number below.							
Certification Class:		Certification Number:								
Class IV 07754										
			100-11							
V. EXISTING ENVIRONMENTAL PE	DMITC									
Current NPDES Number:	Issue Date of Current Pern	nit:	Expiration Date of Current Permit:							
KY0022403										
Number of Times Permit Reissued:	November 1, 2006 Date of Original Permit Iss	suance:	October 31, 2011 Sludge Disposal Permit Number:							
	-		Staage Disposal Forme Number.							
Kentucky DOW Operational Permit #:	October 20, 1974 Kentucky DSMRE Permit	Number(s):								
controlly 20 % operational 2 controlly.		rumoer(s).								
Which of the following additional environment	nental permit/registratio	n categories will also	apply to this facility?							
			PERMIT NEEDED WITH							
CATEGORY	EXISTING PER	MIT WITH NO.	PLANNED APPLICATION DATE							
Air Emission Source	_		-							
Solid or Special Waste	-		-							
Hazardous Waste - Registration or Permit	_		_							
Trazar dodo Waste Trogramation of Perime		V								
VI. DISCHARGE MONITORING REP	ORTS (DMRs)									
permit). Information in this section serves mailing address (if different from the prima	to specifically identify ry mailing address in Se	the name and telephor	regular schedule (as defined by the KPDES ne number of the DMR official and the DMR							
A. DMR Official (i.e., the department, designated as responsible for submittin Division of Water):		Tim Fischer								
DMR Official Telephone Number:		(270)-782-4389								
 B. DMR Mailing Address: Address the Division of Water wil Contact address if another individual 			ailing address in Section I.C), or Rs for you; e.g., contract laboratory address.							
DMR Mailing Name:	Tim Fischer									
DMR Mailing Address:	801 Center Street									
DMR Mailing City, State, Zip Code:										

VII. APPLICATION FILING FEE		
VDDES regulations require that a name transligant new an application of	Fling for agual to twenty paraent of the normit have for Diag	300

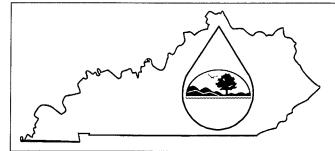
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	\$0

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

	: : : : : : : : : : : : : : : : : : :
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. Ms. Ms. Mikę Gardner, Systems Manager – Water/Sewer Division	(270) 782-4366
SIGNATURE Sarahu	DATE:



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1. For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE	0	0	2	2	4	0	3
----------------------	---------------	---	---	---	---	---	---	---

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS: All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet. A.1. Facility Information. Bowling Green Wastewater Treatment Plant Facility name 801 Center Street Mailing Address Bowling Green, Kentucky 42102 Tim Fischer Contact person Title Chief Operator (270) 782-4389 Telephone number 1189 Preston Street Facility Address (not P.O. Box) Bowling Green, Kentucky 42101 A.2. Applicant Information. If the applicant is different from the above, provide the following: Applicant name **Bowling Green Municipal Utilities** Mailing Address 801 Center Street Bowling Green, Kentucky 42102 Contact person Mike Gardner Systems Manager – Water/Sewer Division Title Telephone number (270) 782-4366 Is the applicant the owner or operator (or both) of the treatment works? \boxtimes \boxtimes Owner Operator Indicate whether correspondence regarding this permit should be directed to the facility or the applicant. Applicant A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits). KY0022403 **KPDES PSD** UIC Other **RCRA** Other A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.). Type of Collection System Ownership Name **Population Served** BGMU 49,296 **WCWD** 2,704 Total population served 52,000

A.5.	In	dian Country.									
	a.	Is the treatment w	orks located in	n Indiar	Country?						
		☐ Yes	[\boxtimes	No						
	b.	Does the treatmen through) Indian Co	nt works discha	arge to	a receiving water that is	either in	Indian Country or that i	s upst	ream fron	n (and eventually	flows
		☐ Yes	(\boxtimes	No						
A.6.	av	erage daily flow rate	and maximur	n daily	reatment plant (i.e., the v flow rate for each of the no more than three mon	last three	years. Each year's da	ita mu	built to hase	andle). Also pro ed on a 12-mont	vide the h time period
	a.	Design flow rate	15.3		Mgd (Summer)						
			17.5		Mgd (Winter)						
					Two Years Ago (Jul 2005 – Jun 20	<u>106)</u>	<u>Last Year</u> (Jul 2006 – Jun 2007)	This Ye	<u>ear</u> 07 – Jun 2008)	
	b.	Annual average da	aily influent flov	w rate	7.60		8.07		8.45		mgd
	C.	Maximum daily infl	luent flow rate		19.12	Teathern advantable Tib	17.00		18.0		mgd
A.7.	СО	ntribution (by miles) Separate sa	ndicate the typ of each. anitary sewer storm and sani		collection system(s) use	ed by the	treatment plant. Checl	call th	at apply.	Also estimate th	e percent %
				·							•
A.8.	Dis	scharges and Othe	r Disposal Me	thods	•						
	a.	Does the treatmen	t works discha	rge eff	luent to waters of the U.S	S.?		\boxtimes	Yes		No
		If yes, list how mar	ny of each of th	ne follo	wing types of discharge	points the	treatment works uses	:			
		i. Discharges of t	treated effluen	t						100%	
		ii. Discharges of	untreated or pa	artially	treated effluent						
		iii. Combined sew	er overflow po	ints							
		iv. Constructed er	mergency over	flows (prior to the headworks)						
		v. Other									
	b.	that do not have ou	itlets for disch	arge to	luent to basins, ponds, o waters of the U.S.? face impoundment:	r other su	rface impoundments		Yes		No
		Annual average dai	ily volume disc	charge	d to surface impoundmen	nt(s)	Mgd				
		Is discharge □		-	intermittent?	. ,					
	c.	Does the treatment	t works land-ap	oply tre	ated wastewater?				Yes	\boxtimes	No
		If yes, provide the f	ollowing for ea	ch lan	d application site:						
		Location:									
		Number of acres:									
		Annual average dai									
		Is land application	☐ continu	ious or	intermittent?						
	d.	Does the treatment treatment works?	works discha	rge or t	ransport treated or untre	eated was	tewater to another		Yes	⊠	No

If transport is by a party of	ther than the ap	plicant, provide	•					
Transporter name:						 		
Mailing Address: _								
Contact person:	············							
Title:								
Telephone number:								
Mailing Address:						 		
_								
Contact person:					. 1.		A11/-10/4P	
Title: _					***			
Telephone number:						 		
If known, provide the KPD	ES permit numb	ber of the treatn	nent works tha	at receives this d	ischarge.			
Provide the average daily	flow rate from th	ne treatment wo	rks into the re	eceiving facility.			mgd	
	discharge or dis	spose of its was	itewater in a r , well injection	manner not includ	led in	Yes	\boxtimes	No
Does the treatment works A.8.a through A.8.d above	(e.g., undergro							
Does the treatment works A.8.a through A.8.d above If yes, provide the followin	e (e.g., undergro	•						

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9.	De	escription of Outfall. (* SEE	NOTE 1 BELOW)								
	a.	Outfall number 0	01								
	b.	Location	outling Croop					40404			
			owling Green City or town, if applicable)	42101 (Zip Code)							
			/arren								
			County)	Kentucky (State)							
			7 00' 50" N					86 27' 27" W			
			atitude)	(Longitude)							
(c.	Distance from shore (if appli	cable)		Not applicable)						
c	d.	Depth below surface (if appl	icable)				ft. (Not applicable)			
e	Э.	Average daily effluent flow ra	ate				Mgd	(New SBR Treatment. No data available)			
f		Does this outfall have either periodic discharge?	an intermittent or a		Yes	\boxtimes	No	(go to A.9.g.) (* SEE NOTE 2 BELOW)			
		If yes, provide the following i	nformation:								
		Number of times per year dis	scharge occurs:								
		Average duration of each dis	charge:								
		Average flow per discharge:					Mgd				
		Months in which discharge o				•					
g] .	Is outfall equipped with a diff	user?		Yes	\boxtimes	No				
A.10. D)e:	scription of Receiving Wate	rs.								
а	١,	Name of receiving water	Barren River								
b	١.	Name of watershed (if known	n) Barren								
		United States Soil Conservat	ion Service 14-digit watersh	ed code	e (if known): _					
C.		Name of State Management/	River Basin (if known):	Greer	r / Tradewa	ater					
		United States Geological Sur	vey 8-digit hydrologic catalo	ging un	it code (if	known):					
d.		Critical low flow of receiving sacute		ıronic				Cfs			
e.		Total hardness of receiving s	tream at critical low flow (if a	applicab	ile):181			_ mg/l of CaCO ₃			
Note 1:		The existing outfall location	ı will remain and be reuse	d.							
Note 2:		The discharge is from an co With cycled discharge. Max Discharge rates is five hour	kimum time between 16 M								

A.11. Desc	cription c	of Treatment.									
a. \	What leve	ls of treatment ar	e provided? C	heck all that a	pply.						
	□ P	rimary		Seconda	ý						
	□ A	dvanced		Other.	Describe:						
b. I	ndicate th	ne following remov	val rates (as a	pplicable):							
	Design B	SOD ₅ removal <u>or</u> [Design CBOD	D _s removal			ı			% (sum	nmer and winter)
	Design S	S removal				90	90			% (sum	nmer and winter)
											
	Design P	removal				***	·····			%	
	Design N	l removal				***				%	
	Other _	NH3-N			80 50				% (sum % (wint		
c. V	Vhat type	of disinfection is	used for the e	effluent from th	is outfall? If disin	fection varies	s by se	ason, pl	lease des	cribe.	
_	Ultraviole	t Disinfection	1004								
If	f disinfect	ion is by chlorinat	ion, is dechlo	rination used f	or this outfall?			Yes		No (N	OT APPLICABLE)
d. D	oes the t	reatment plant ha	ve post aerat	ion?			\boxtimes	Yes		No	
parar <u>disch</u> colle 40 CF minir	meters. P <u>narged</u> . [cted thro FR Part 1	Provide the indic Do not include ir ugh analysis co 36 and other appuent testing data	ated effluent nformation of nducted usir propriate QA	testing requing combined song 40 CFR Par /QC requirem	red by the permi ewer overflows rt 136 methods. ents for standar st three samples	itting author in this secti In addition, d methods to and must b	rity <u>for</u> on. Al this of for and oe no	each o inform lata mus alytes no nore tha	utfall thro ation rep st comply ot addres an four a	ough when the outed many with Questions and one-	ust be based on data A/QC requirements of 40 CFR Part 136. At a
	PAI	RAMETER		MAXIMU	M DAILY VALUE			AV	'ERAGE I	DAILY V	ALUE
				Value	Units		Value		Units		Number of Samples
pH (Minimu	ım)				s.u.						
pH (Maximu	um)	~~~			s.u.						
Flow Rate	·····	1-77-11-VI									
Temperatur	re (Winter	·)									
Temperatur				Sec. 1 - 9 1							
	POLLUTA	e report a minimu ANT	MAXIMU	mum daliy val IM DAILY IARGE		DAILY DIS	CHAR	GE	ANALY MET		ML / MDL
			Conc.	Units	Conc.	Units		nber of mples			
CONVENTIO	ONAL AN	D NONCONVEN	TIONAL COM	IPOUNDS.	_1	1					
BIOCHEMICA	AL OXYGE	EN BOD-5									
DEMAND (Re	eport one)	CBOD-5									
FECAL COLI	FORM										
TOTAL SUSF	PENDED S	SOLIDS (TSS)									
				ΕN	ND OF PAR	ΤА.					

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A
YOU MUST COMPLETE

BA	S	C APPLICATION INFORMATION	
PA	₹T	3. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).	_
Alla	app	cants with a design flow rate \geq 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).	
B.1	1	flow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. 2,730,000 gpd per rainfall event (This estimated volume of I/I only occurs on days of heavy rainfall events.)	
	-	· · · · · · · · · · · · · · · · · · ·	
		iefly explain any steps underway or planned to minimize inflow and infiltration.	
		Currently have flow monitors installed to prioritize sanitary sewer basins. Also, have a yearly budget for pipe rehabilitation is trouble spots are discovered in the system.	
B.2.	Т	pographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. is map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show t tire area.)	he
	а	The area surrounding the treatment plant, including all unit processes.	
	b	The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.	
	С	Each well where wastewater from the treatment plant is injected underground.	
	d	Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.	
	е	Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.	
	f.	If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.	• •
В.3.	ba ch	cess Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all kup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, rination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily rates between treatment units. Include a brief narrative description of the diagram.	
B.4.	Op	eration/Maintenance Performed by Contractor(s).	
	Are	any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a ractor? ☐ Yes ☐ No	
		s, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional es if necessary).	
	Na	ne:	
	Ма	ing Address:	
	Tel	phone Number:	
	Re	ponsibilities of Contractor:	
	und trea	eduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or impleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the ment works has several different implementation schedules or is planning several improvements, submit separate responses to question Bach. (If none, go to question B.6.)	
	a.	List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.	
		001	
	b.	Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies. ☐ Yes ☑ No	

С	If the answer to B.	5.b is "Yes," brie	efly describe, incl	uding new maxi	mum daily inflow	rate (if applicab	le).					
d.	Provide dates impo applicable. For im applicable. Indicate	provements plan	nned independen	tly of local, Stat	lates of complet e, or Federal ag	ion for the impler encies, indicate p	mentation steps listed planned or actual con	d below, as npletion dates, as				
			Schedule	A	Actual Completion							
	Implementation St	age	MM / DD /	YYYY I	MM / DD / YYYY							
	- Begin construction	on	_May 2009			.						
	- End construction	1	April 201	1		-						
	- Begin discharge		_April 2011	1								
	- Attain operationa	al level	May 2011			-						
e.	Have appropriate p	permits/clearanc	es concerning ot	her Federal/Sta	te requirements	been obtained?	☐ Yes ⊠ No					
	Describe briefly:	Construction p	ermit application	s must be subn	nitted to the KY I	Division of Water		·				
B 6 FFF	LUENT TESTING D	ATA (GREATE	R THAN O.1 MG	D ONLY).				4.4				
me star poll Out	thods. In addition, t	this data must co analytes not add ust be no more to (NEW SBF	omply with QA/Q ressed by 40 CF han four and one R TREATMENT S	C requirements R Part 136. At half years old.	of 40 CFR Part a minimum, efflu	136 and other appending the string data	sis conducted using opropriate QA/QC reconstant be based on at	quirements for				
		DISCI Conc.	HARGE Units	Conc.	Units	Number of Samples	ANALYTICAL METHOD	ML / MDL				
CONVENT	TIONAL AND NON	CONVENTIONA	L COMPOUNDS	<u> </u>	<u> </u>		. volumen					
AMMONIA	A (as N)											
CHLORIN RESIDUAI												
DISSOLVE	ED OXYGEN											
TOTAL KJ												
NITROGE NITRATE NITROGE	PLUS NITRITE											
OIL and G	REASE											
PHOSPHO	ORUS (Total)											
TOTAL DI	SSOLVED (DS)											
OTHER												
REFE	R TO THE AI	PPLICATIO		END OF P		E WHICH C	THER PART	S OF FORM				

A YOU MUST COMPLETE

Revised November 2003

BASIC APPLICAT	ION INFORMATION	
DART C CERTIFICATIO		
PART C. CERTIFICATION	JN	
applicants must complete a have completed and are sul	I applicable sections of Form A, as explain	ctions to determine who is an officer for the purposes of this certification. All ned in the Application Overview. Indicate below which parts of Form A you ment, applicants confirm that they have reviewed Form A and have completed ted.
Indicate which parts	of Form A you have completed and are	submitting:
☐ Basic Application II	nformation packet Suppleme	ntal Application Information packet:
	☑ Part D (E)	panded Effluent Testing Data)
	☑ Part E (To	xicity Testing: Biomonitoring Data)
	⊠ Part F (Ind	lustrial User Discharges and RCRA/CERCLA Wastes)
	☐ Part G (C	ombined Sewer Systems)
ALL APPLICANTS MUST C	OMPLETE THE FOLLOWING CERTIFIC	ATION.
designed to assure that qual who manage the system or t	ified personnel properly gather and evaluations by the best persons directly responsible for gath implete. I am aware that there are signific	ere prepared under my direction or supervision in accordance with a system ate the information submitted. Based on my inquiry of the person or persons sering the information, the information is, to the best of my knowledge and cant penalties for submitting false information, including the possibility of fine
Name and official title	Mike Gardner, Systems Manager - W.	ater/Sewer Division
Signature	Michael & Sarolle	
Telephone number	1-270-782-4366	
Date signed	9/4/88	
Upon request of the permittir treatment works or identify a	((ag authority, you must submit any other in opropriate permitting requirements.	formation necessary to assess wastewater treatment practices at the

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch Inventory & Data Management Section Frankfort Office Park 14 Reilly Road Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA - (NEW SBR TREATMENT SCHEME. NO EFFLUENT DATA AVAILABLE.)

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.) POLLUTANT MAXIMUM DAILY AVERAGE DAILY DISCHARGE **DISCHARGE** Conc. Conc. Units Mass Units Units Mass Units **ANALYTICAL** ML/ MDL Number of **METHOD** Samples METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS. ANTIMONY **ARSENIC BERYLLIUM** CADMIUM **CHROMIUM** COPPER LEAD MERCURY NICKEL SELENIUM SILVER THALLIUM ZINC CYANIDE TOTAL PHENOLIC COMPOUNDS HARDNESS (AS CaCO₃) Use this space (or a separate sheet) to provide information on other metals requested by the permit writer

Outfall number: 001 (Co	mplete or	nce for e	each out	fall disch	arging et	fluent to	waters	of the U	nited States	.)	
POLLUTANT	l l		JM DAIL HARGE	Y	A۱	/ERAGE	DAILY	DISCH	ARGE		
	Conc.	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
VOLATILE ORGANIC COMPOUNDS						1					
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											3
CLOROBENZENE			,								
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											1-1
METHYL BROMIDE											100 704 10 700
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number: 001 (Co					arging ef	fluent to	waters	of the U	nited States	.)	
POLLUTANT	1		JM DAIL` HARGE	Y	A۱	/ERAGI	DAILY	DISCH	ARGE		
	Conc.	Units		Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											1 100
VINYL CHLORIDE											
Use this space (or a separate sheet) to	provide inf	L formation	on other	Lvolatile or	ganic com	npounds r	equested	by the pe	ermit writer.		
ACID-EXTRACTABLE COMPOUNDS											
4-00											
P-CHLORO-M-CRESOL									***	- A A A A A A A A A A A A A A A A A A A	
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to	provide inf	ormation	on other	acid-extra	ctable cor	npounds	requested	by the p	ermit writer.		
BASE-NEUTRAL COMPOUNDS.	1				ı	T		1			Г
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE										WALES - 188	
BENZO(A)ANTHRACENE				11.74.4	.,						
BENZO(A)PYRENE											

Outfall number: 001 (Con	nplete or	ice for e	each out	all disch	arging et	fluent to	waters	of the U	nited States	.)	
POLLUTANT	N	MAXIMU	JM DAIL	Y	A۱	/ERAGE	DAILY	DISCH	ARGE		
	Conc.	Units	Mass Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											***************************************
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE									***************************************		
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE									-		10.00
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											***************************************
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											THE PROPERTY OF THE PROPERTY O

FLUORANTHENE FLUORENE HEXACHLOROBENZENE HEXACHLOROBUTADIENE HEXACHLOROCYCLO- PENTADIENE HEXACHLOROETHANE INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE NITROBENZENE	nc. Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
FLUORENE HEXACHLOROBENZENE HEXACHLOROBUTADIENE HEXACHLOROCYCLO- PENTADIENE HEXACHLOROETHANE INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE										
HEXACHLOROBENZENE HEXACHLOROBUTADIENE HEXACHLOROCYCLO- PENTADIENE HEXACHLOROETHANE INDENO(1,2,3-CD)PYRENE SOPHORONE NAPHTHALENE										
HEXACHLOROBUTADIENE HEXACHLOROCYCLO- PENTADIENE HEXACHLOROETHANE INDENO(1,2,3-CD)PYRENE SOPHORONE NAPHTHALENE										
HEXACHLOROCYCLO- PENTADIENE HEXACHLOROETHANE INDENO(1,2,3-CD)PYRENE SOPHORONE NAPHTHALENE										
PENTADIENE HEXACHLOROETHANE INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE										
INDENO(1,2,3-CD)PYRENE ISOPHORONE NAPHTHALENE										
NAPHTHALENE										
NAPHTHALENE							l	1		
NITROBENZENE										
N-NITROSODI-N-PROPYLAMINE										
N-NITROSODI- METHYLAMINE										
N-NITROSODI-PHENYLAMINE										
PHENANTHRENE										
PYRENE						L, 410.7				***************************************
1,2,4-TRICHLOROBENZENE										
Jse this space (or a separate sheet) to provid	informatio	n on other	base-neu	tral compo	unds req	uested by	the perm	nit writer.		
Use this space (or a separate sheet) to provid										

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM
A YOU MUST COMPLETE

PART E. TOXICITY TESTING DATA – (NEW SBR TREATMENT SCHEME. NO EFFLUENT DATA AVAILABLE.) POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters. • At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected that the data and the provided that the data are the section of the

Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.

• In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity

test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.

If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E. biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to

complete.	or complete Fait E. Relei to the Ap	phoadon Overview for directions on wh	ich other sections of the form to
E.1. Required Tests.			
Indicate the number of whole e	effluent toxicity tests conducted in the	e past four and one-half vears.	
chronic	acute	,	
E.2. Individual Test Data. Complete th one column per test (where each sp	e following chart <u>for each whole efflu</u> pecies constitutes a test). Copy this	uent toxicity test conducted in the last f page if more than three tests are being	our and one-half years. Allow g reported.
	Test number:	Test number:	Test number:
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods follow	ved.		
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection meth	od(s) used. For multiple grab samp	les, indicate the number of grab samp	les used.
24-Hour composite			
Grab			
d. Indicate where the sample was	taken in relation to disinfection. (Che	eck all that apply for each)	
Before disinfection			
After disinfection			110 Y 2 O F
After dechlorination			Medition that the feet and the feet and the committee of

	Test number:	Test number:	Test number:
e. Describe the point in the treatm	ent process at which the sample was	s collected.	
Sample was collected:			
f. For each test, include whether th	ne test was intended to assess chror	nic toxicity, acute toxicity, or both.	
Chronic toxicity			
Acute toxicity			
g. Provide the type of test perform	ed.		
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If labo	ratory water, specify type; if receiving	g water, specify source.	
Laboratory water			
Receiving water			
i. Type of dilution water. If salt wat	ter, specify "natural" or type of artifici	ial sea salts or brine used.	
Fresh water			100 - 100 VI
Salt water			
j. Give the percentage effluent use	d for all concentrations in the test se	ries.	
k. Parameters measured during the	e test. (State whether parameter me	ets test method specifications)	
PH			
Salinity			
Temperature			1990 per in Source
Ammonia			
Dissolved oxygen			
I. Test Results.		L	
Acute:			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			0,100

Chronic:			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurar	nce.		
Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			
E.4. Summary of Submitted Biomonito	describe: pring Test Information. If you have and one-half years, provide the day (MM/DD/YYYY)		tion, or information regarding the he permitting authority and a
	END OF PA	ART F	

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

DEP 7032A 17 Revised November 2003

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. APEX 2 Name: 2040 Old Louisville Road Mailing Address: Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Centralized treatment of oily wastes F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Treated oily wastes Raw material(s): Oily waste F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 9,500 continuous or b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits

☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

20

gpd

If subject to categorical pretreatment standards, which category and subcategory?

system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

□ continuous or □ intermittent

40 CFR Part 437 - Centralized Waste Treatment Point Source Category, Subpart B - Oils Treatment and Recovery; § 437.26 - PSNS

☐ Yes	If yes, describe each	n episode.		
ACCOMPANIES OF COMPANIES OF COM				
		10/10/		
CRA HAZARDOUS WAST	E RECEIVED BY TR	UCK, RAIL, OR DEDICATED PIP	ELINE:	
9. RCRA Waste. Does the tr	eatment works receive (or has it in the past three years receive	ed RCRA ha	azardous waste by truck, rail, or dedica
	,			
		e is received (check all that apply):		
☐ Truck ☐ Rail	Dedicated P	ipe		
11. Waste Description. Give	EPA hazardous waste	number and amount (volume or mass	, specify uni	i ts).
EPA Hazardous Waste N	lumber	<u>Amount</u>		<u>Units</u>
				44. 45.54.67
		REMEDIATION/CORRECTIVE		
, HUN WASTEWATEK, AP	VU UTHEK KEMEUK	AL ACTIVITY WASTEWATER:		
		AL ACTIVITY WASTEWATER: currently (or has it been notified that it	will) receive	waste from remedial activities?
2. Remediation Waste. Doc	es the treatment works o	currently (or has it been notified that it		
2. Remediation Waste. Doe - Yes (complete F.13 th	es the treatment works or	currently (or has it been notified that it		
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the	es the treatment works or rough F.15.) the requested information	ourrently (or has it been notified that it ⊠ No □ No on (F.13 – F.15.) for each current and f	uture site.	
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the state of the s	es the treatment works or rough F.15.) the requested information he site and type of facilit	currently (or has it been notified that it	uture site.	
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the	es the treatment works or rough F.15.) the requested information he site and type of facilit	ourrently (or has it been notified that it ⊠ No □ No on (F.13 – F.15.) for each current and f	uture site.	
2. Remediation Waste. Doe Yes (complete F.13 th Provide a list of sites and the sites and the sites are the sit	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	currently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	
2. Remediation Waste. Doe Yes (complete F.13 th Provide a list of sites and the sites and the sites are the sit	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	ourrently (or has it been notified that it ⊠ No □ No on (F.13 – F.15.) for each current and f	uture site. er remedial	
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the sites and the sites are the sit	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the sites and the provide a list of sites and the sites and the sites and the sites are sites as a site of sites and the sites are sites as a site of sites are sites as a site of sites and the sites are sites as a site of sites are sites are sites as a site of sites are sites are sites as a site of sites are sites	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the sites and the sites are the sit	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 th Provide a list of sites and the sites and the sites are the site	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 th Provide a list of sites and the sites and the sites are the site	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the sites are si	es the treatment works or rough F.15.) the requested information he site and type of facilit ars).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the sites and the sites are the site	es the treatment works or rough F.15.) the requested information he site and type of facilitars). dous constituents that a sheets if necessary).	Surrently (or has it been notified that it No No No (F.13 – F.15.) for each current and f	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the Provide a li	es the treatment works or rough F.15.) the requested information he site and type of facilitars). dous constituents that a sheets if necessary).	Durrently (or has it been notified that it No On (F.13 – F.15.) for each current and for at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the Provide a li	es the treatment works or rough F.15.) the requested information he site and type of facilitars). dous constituents that a sheets if necessary).	Purrently (or has it been notified that it No No On (F.13 – F.15.) for each current and for the control of th	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the Provide a li	es the treatment works or rough F.15.) the requested information he site and type of facilitars). dous constituents that a sheets if necessary).	Durrently (or has it been notified that it No On (F.13 – F.15.) for each current and for at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the Provide a li	es the treatment works or rough F.15.) the requested information he site and type of facilitars). dous constituents that a sheets if necessary).	Durrently (or has it been notified that it No On (F.13 – F.15.) for each current and for at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the Provide a list of the Provide a	es the treatment works or rough F.15.) the requested information he site and type of facilitars). dous constituents that a sheets if necessary).	Eurrently (or has it been notified that it No no (F.13 – F.15.) for each current and fity at which the CERCLA/RCRA/or other are received (or are expected to be received entering the treatment works?	uture site. er remedial	waste originates (or is expected to
2. Remediation Waste. Doe Yes (complete F.13 the Provide a list of sites and the Provide a list the next five year. 4. Pollutants. List the hazard known. (Attach additional standard known) standard known. (Attach additional standard known) standard known known known k	the treatment works of the requested information the site and type of facilitiars). In the site and type of facilitiars. In the site and type of facilitiars.	Eurrently (or has it been notified that it No no (F.13 – F.15.) for each current and fity at which the CERCLA/RCRA/or other are received (or are expected to be received entering the treatment works?	er remedial	waste originates (or is expected to

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ No Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. __10____ b. Number of ClUs. 11 SIGNIFICANT INDUSTRIAL USER INFORMATION: (See pages 18A through 19U for F.3. through F.8.) Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional Name: Mailing Address: F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: — ☐ Yes ☐ No a. Local limits If subject to categorical pretreatment standards, which category and subcategory?

DEP 7032A 18 Revised November 2003

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rain pipe? Truck		Yes No If yes, descri	be each episode.	
F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rapipe? Yes No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity as it is of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experiginate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and content and content and different additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?				
F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rain pipe? Yes No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck Rail Dedicated Pipe F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). EPA Hazardous Waste Number Amount Units CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity as (complete F.13 through F.15.) No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expeoriginate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and convolume and convolume in the next five years).				
F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Truck	RA F	HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIPELIN	NE:
Truck	pip	e? 🗌 Yes 🛛 No (go to F.12.)	, ,	CRA hazardous waste by truck, rail, or dedicated
EPA Hazardous Waste Number Amount Units CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 1.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 1.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experiginate in the next five years). 1.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and continuous constituents and the received (or are expected to be received). Include data on volume and continuous constituents. 1.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?				
CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: 1.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity and the complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 1.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expering in a constituent of the next five years). 1.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and constituents if necessary). 1.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	1. Wa	aste Description. Give EPA hazardous	s waste number and amount (volume or mass, spe	cify units).
ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity respectively. Some provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experimental in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and constituents additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?	<u>E</u>	PA Hazardous Waste Number	Amount	<u>Units</u>
ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity respectively. Some provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experimental in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and constituents additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?				
ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity respectively. Some provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experimental in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and constituents additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?				
ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activity respectively. So the provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experignate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and constituents. (Attach additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works?				31/2
E.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activi Yes (complete F.13 through F.15.) Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. E.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is experiginate in the next five years). E.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and contained the composition of the contained that it will) receive waste from remedial activities. E.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes □ No				
Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. 13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expering in the next five years). 14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and contains and include additional sheets if necessary). 15. Waste Treatment. 16. Is this waste treated (or will it be treated) prior to entering the treatment works? 17. Yes \(\subseteq \text{No} \)	2. Re	mediation Waste. Does the treatment	works currently (or has it been notified that it will) I	receive waste from remedial activities?
.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expering originate in the next five years). .14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and contained in the contained or known. (Attach additional sheets if necessary). .15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No		Yes (complete F.13 through F.15.)	⊠ No	
originate in the next five years).	Pro	ovide a list of sites and the requested in	formation (F.13 - F.15.) for each current and future	site.
known. (Attach additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No			of facility at which the CERCLA/RCRA/or other rer	nedial waste originates (or is expected to
i.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? Yes No	4. Po	Ilutants. List the hazardous constituen	ts that are received (or are expected to be received	d). Include data on volume and concentration, if
a. Is this waste treated (or will it be treated) prior to entering the treatment works? ☐ Yes ☐ No		wii. (Attacii additional sheets ii necess		
☐ Yes ☐ No	********	ste Treatment.		
— — —	5. Wa	Is this waste treated (or will it be treate	d) prior to entering the treatment works?	
If yes, describe the treatment (provide information about the removal efficiency):	а.			
	а.	☐ Yes ☐ No		
b. Is the discharge (or will the discharge be) continuous or intermittent?	а.	☐ Yes ☐ No	information about the removal efficiency):	
☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.	a.	☐ Yes ☐ No If yes, describe the treatment (provide		
END OF PART F.	a. b.	☐ Yes ☐ No If yes, describe the treatment (provide) Is the discharge (or will the discharge by	pe) continuous or intermittent?	

DEP 7032A 19 Revised November 2003

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

	st complete Part F.	ng discharges from significant industrial users of which receive RCRA, CERCLA, of other remedial wastes
GE	NERAL INFORMA	ION:
F.1.	Pretreatment Program	n. Does the treatment works have, or is it subject to, an approved pretreatment program?
	Yes No	
F.2.	Number of Significat of industrial users that	t Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following type discharge to the treatment works.
	a. Number of non-ca	egorical SIUs.
	b. Number of ClUs.	
SIG	NIFICANT INDUST	RIAL USER INFORMATION:
		nation for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 in requested for each SIU.
F.3.	Significant Industrial pages as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	Aramark Services
	Mailing Address:	1947 Russellville Road
		Bowling Green, Kentucky 42101
F.4.	Industrial Processes	Describe all of the industrial processes that affect or contribute to the SIU's discharge.
17.		of uniforms, mats, dust mops, linens and wiping towels
F.5.	Principal Product(s) discharge.	and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	Industrial cleaning and drying of uniforms, mats, dust mops, linens and wiping towels
	Raw material(s):	Alkali, surfactants, bleach, caustic, water, soiled products
F.6.	Flow Rate.	
		r flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons the discharge is continuous or intermittent.
	<u>60,000</u> gpd	☐ continuous or ☐ intermittent
	b. Non-process waste system in gallons p	water flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection er day (gpd) and whether the discharge is continuous or intermittent.
	<u>1,400</u> gpd	□ continuous or □ intermittent
F.7.	Pretreatment Standar	Is. Indicate whether the SIU is subject to the following:
	a. Local limits	⊠ Yes □ No
	b. Categorical pretrea	ment standards 🔲 Yes 🗵 No
	If subject to categorica	pretreatment standards, which category and subcategory?

☐ Yes ☐ No If yes, desc	ribe each episode.	
	NATIONAL CONTRACTOR OF THE PROPERTY OF THE PRO	
	And the last of th	
CRA HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIP	ELINE:
9. RCRA Waste. Does the treatment works pipe? Yes No (go to F.12.)	receive or has it in the past three years receive	ed RCRA hazardous waste by truck, rail, or dedicate
10 W / T		
10. Waste Transport. Method by which RCI ☐ Truck ☐ Rail ☐ Dec	, , , , , , , , , , , , , , , , , , , ,	
Huck Hall Dec	ncated Pipe	
11. Waste Description. Give EPA hazardou	us waste number and amount (volume or mass	, specify units).
EPA Hazardous Waste Number	<u>Amount</u>	<u>Units</u>
ERCLA (SUPERFUND) WASTEWATER	•	
CTION WASTEWATER, AND OTHER R	EMEDIAL ACTIVITY WASTEWATER:	
O Demonstration Months D. C. C.		
	it works currently (or has it been notified that it	
Yes (complete F.13 through F.15.)	⊠ No	
Yes (complete F.13 through F.15.)		
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i	✓ No nformation (F.13 – F.15.) for each current and f	uture-site-
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i	⊠ No	uture-site-
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type	✓ No nformation (F.13 – F.15.) for each current and f	uture-site-
 ☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i Waste Origin. Describe the site and type originate in the next five years). 	✓ No nformation (F.13 – F.15.) for each current and f	uture-site-
 ☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i Waste Origin. Describe the site and type originate in the next five years). 	☑ No nformation (F.13 – F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other	uture-site-
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years).	☑ No nformation (F.13 – F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other	er remedial waste originates (or is expected to
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years).	No nformation (F.13 – F.15.) for each current and f e of facility at which the CERCLA/RCRA/or othe nts that are received (or are expected to be rec	iuture-site- er remedial waste-originates-(or is-expected to
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 – F.15.) for each current and f e of facility at which the CERCLA/RCRA/or othe nts that are received (or are expected to be rec	iuture-site- er remedial waste-originates-(or is-expected to
 Yes (complete F.13 through F.15.) Provide a list of sites and the requested i Waste Origin. Describe the site and type originate in the next five years). Pollutants. List the hazardous constituents. 	No nformation (F.13 – F.15.) for each current and f e of facility at which the CERCLA/RCRA/or othe nts that are received (or are expected to be rec	iuture-site. er remedial waste-originates (or is-expected to
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 – F.15.) for each current and f e of facility at which the CERCLA/RCRA/or othe nts that are received (or are expected to be rec	iuture-site. er remedial waste-originates (or is-expected to
Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 - F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other nts that are received (or are expected to be received).	iuture-site- er remedial waste-originates-(or is-expected to
Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 - F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other nts that are received (or are expected to be received).	iuture-site. er remedial waste-originates (or is-expected to
Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 - F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other nts that are received (or are expected to be received).	iuture-site. er remedial waste-originates (or is-expected to
☐ Yes (complete F.13 through F.15.) Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 - F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other nts that are received (or are expected to be received).	iuture-site. er remedial waste-originates (or is-expected to
Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). 4. Pollutants. List the hazardous constitue known. (Attach additional sheets if neces	No nformation (F.13 - F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other ints that are received (or are expected to be receively). ed) prior to entering the treatment works?	iuture-site. er remedial waste-originates (or is expected to
Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). 4. Pollutants. List the hazardous constitue known. (Attach additional sheets if neces	No nformation (F.13 - F.15.) for each current and f e of facility at which the CERCLA/RCRA/or other ints that are received (or are expected to be receively). ed) prior to entering the treatment works?	er remedial waste originates (or is expected to
Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	No nformation (F.13 – F.15.) for each current and for each facility at which the CERCLA/RCRA/or other each facility at which	er remedial waste originates (or is expected to
Provide a list of sites and the requested i 3. Waste Origin. Describe the site and type originate in the next five years). 4. Pollutants. List the hazardous constitue known. (Attach additional sheets if neces	No nformation (F.13 – F.15.) for each current and for each facility at which the CERCLA/RCRA/or other each facility at which	er remedial waste-originates (or is-expected to

FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Bada Company Mailing Address: 759 Hennessy Way Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Punch press, die casting, powder coating F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Wheel balancing weights Antimony, lead Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 0 ☐ continuous or ☐ intermittent Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. □ continuous or □ intermittent 7,000 apd

DEP 7032A 18C Revised November 2003

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

If subject to categorical pretreatment standards, which category and subcategory?

Yes

☐ No

⊠ No

a. Local limits

b. Categorical pretreatment standards

i.9. RCRA Waste. pipe? ☐ Ye i.10. Waste Transp ☐ Truck .11. Waste Descri	Does the treatment works res No (go to F.12.) port. Method by which RCR	BY TRUCK, RAIL, OR DEDICATED PIPEI receive or has it in the past three years received A waste is received (check all that apply): cated Pipe s waste number and amount (volume or mass, s	RCRA hazardous waste by truck, rail, or dedica
9. RCRA Waste. pipe? ☐ Ye 10. Waste Transp ☐ Truck 11. Waste Descri	Does the treatment works res No (go to F.12.) port. Method by which RCR Rail Dedi	A waste is received (check all that apply): cated Pipe s waste number and amount (volume or mass, s	RCRA hazardous waste by truck, rail, or dedicate the second secon
.9. RCRA Waste. pipe? ☐ Ye .10. Waste Transp ☐ Truck .11. Waste Descri	Does the treatment works res No (go to F.12.) port. Method by which RCR Rail Dedi	A waste is received (check all that apply): cated Pipe s waste number and amount (volume or mass, s	RCRA hazardous waste by truck, rail, or dedicate the second secon
.9. RCRA Waste. pipe? ☐ Ye .10. Waste Transp ☐ Truck .11. Waste Descri	Does the treatment works res No (go to F.12.) port. Method by which RCR Rail Dedi	A waste is received (check all that apply): cated Pipe s waste number and amount (volume or mass, s	RCRA hazardous waste by truck, rail, or dedicate the second secon
pipe? ☐ Ye .10. Waste Transp ☐ Truck .11. Waste Descri	es No (go to F.12.) port. Method by which RCR Rail Dedi	A waste is received (check all that apply): cated Pipe s waste number and amount (volume or mass, s	specify units).
.10. Waste Transp □ Truck .11. Waste Descri	port. Method by which RCR Rail Dedi	cated Pipe s waste number and amount (volume or mass, s	
⊟ Truck .11. Waste Descri	Rail Dedi	cated Pipe s waste number and amount (volume or mass, s	
11. Waste Descri	ption. Give EPA hazardous	s waste number and amount (volume or mass, s T	
EFA Hazarot	ous vvaste Number	Amount	<u>Units</u>
	· ···· wence to the		
	WILL III		
		RCRA REMEDIATION/CORRECTIVE	
STION WASTEN	VATER, AND OTHER RE	MEDIAL ACTIVITY WASTEWATER:	
2. Remediation \	Waste. Does the treatment	works currently (or has it been notified that it wi	II) receive waste from remedial activities?
- Yes (comp	olete F.13 through F.15.)	⊠ No	
-Provide a list c	of sites and the requested in	formation (F.13 - F.15.) for each current and futu	ure-site-
13. Waste Origin.	Describe the site and type	of facility at which the CERCLA/RCRA/or other	remedial waste originates (or is expected to
ongmate in the	next five years).		
	, , , , , , , , , , , , , , , , , , , ,		
-			
14 Pollutanta Li	at the hazardaya constituen	ts that are received (or are expected to be received	and) to all the date of the contraction
14. Foliutants. El			vea). Include data on volume and concentration
known. (Attac h	n additional sheets if necess	ary).	
known. (Attach	ı audıtı∪nai sneets ii necess	ary).	
known. (Attach	r auditional sheets ii fiecess	ary). 	
known. (Attach	r auditional sheets II necess	ary).	
		ary).	
15. Waste Treatme	ent.	ary).	
15. Waste Treatme	ent. e treated (or will it be treated		
15. Waste Treatmo	ent. e treated (or will it be treated		
15. Waste Treatmo	ent. e treated (or will it be treated	d) prior to entering the treatment works?	
15. Waste Treatmo	ent. e treated (or will it be treated	d) prior to entering the treatment works?	
15. Waste Treatmo	ent. e treated (or will it be treated ☐ Ne—— cribe the treatment (provide i	d) prior to entering the treatment works? If the prior to entering the treatment works? If the prior to entering the treatment works?	
15. Waste Treatme a. Is this waste ☐ Yes ☐ If yes, desc ☐	ent. le treated (or will it be treated le No	d) prior to entering the treatment works?	

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES PART F.

All treatment works receiving discharges from significant industrial users or which receive RCRA. CERCLA, or other remedial wastes

	st complete Part F.	ing discharges not	ii sigimica	icall illustrial users of willer receive NOIA, Servera, or other remodal wastes
GE	NERAL INFORMA	TION:		
F.1.	Pretreatment Progra	m. Does the treatme	nt works h	s have, or is it subject to, an approved pretreatment program?
	☐ Yes ☐ No	•		
F.2.	Number of Significa of industrial users that			and Categorical Industrial Users (CIUs). Provide the number of each of the following types works.
	a. Number of non-ca	itegorical SIUs.		
	b. Number of CIUs.			
SIG	NIFICANT INDUS	TRIAL USER INI	ORMAT	ATION:
	ply the following infor provide the information			re than one SIU discharges to the treatment works, copy questions F.3 through F.8
F.3.	Significant Industrial pages as necessary.	User Information.	Provide the	the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	Bando USA		
	Mailing Address:	2720 Pioneer Dri	ve	
		Bowling Green, F	Centucky 42	<i>i</i> 42101
F.4.	Industrial Processes	. Describe all of the	industrial p	al processes that affect or contribute to the SIU's discharge.
	Rubber processing to	o manufacturer belts		
F.5.	Principal Product(s) discharge.	and Raw Material(s	i). Describ	cribe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	Rubber power tran	smission b	n belts
	Raw material(s):	Rubber compound	s, glues, ca	s, caustic and solvents
F.6.	Flow Rate.			
				erage daily volume of process wastewater discharged into the collection system in gallons ntinuous or intermittent.
	<u>20,000</u> gpd	☐ continuous or	⊠ int	intermittent
				e average daily volume of non-process wastewater flow discharged into the collection ne discharge is continuous or intermittent.
	<u>450</u> gpd	□ continuous or	int	intermittent
F.7.	Pretreatment Standar	ds. Indicate whether	r the SIU is	U is subject to the following:
	a. Local limits			s 🗌 No
	b. Categorical pretrea	atment standards	⊠ Yes	s 🗌 No
	If subject to categorica 40 CFR Part 428 – R	ubber Manufacturing	ards, which Point Sou	hich category and subcategory? Source Category; Subpart F – Medium Sized General Molded, Extruded and Fabricated

Rubber Plants Subcategory; §428.66

	Yes ⊠	No	If yes, descri	ibe each episode.		
_						
RCRA I	HAZARD	OUS WASTE	RECEIVED	BY TRUCK, RAIL, OR DEDICATED PI	PELINE:	
=.9. RC	RA Wast		atment-works r	receive or has it in the past three years receive	***************************************	azardous waste by truck, rail, or dedicated
			•			
		isport. Metnod ——□ Rail	-	RA waste is received (check all that apply): icated Pipe		
		eription. Give l rdous Waste Nu		s waste number and amount (volume or mas Amount	s, specify ur	uits). Units
	_17711aza	Tuous Waste 14t	mider	Amount		<u>Offits</u>

				RCRA REMEDIATION/CORRECTIVE EMEDIAL ACTIVITY WASTEWATER:		
.12. Re	emediatio	n Waste. Does	the treatment	works currently (or has it been notified that i	i t will) receive	e waste from remedial activities?
\Box	Yes (coi	mplete F.13 thro	ough F.15.)	—————————————————————————————————————		
Pr	ovide a lis	t of sites and th	e requested-in	nformation (F.13 - F.15.) for each current and	I future site.	
.13. Wa orig	aste Origi ginate in ti	in. Describe the) site and type r s).	of facility at which the CERCLA/RCRA/or oti	her remedial	waste originates (or is expected to
_			μι. ·			
		List the hazard ach additional st		ots that are received (or are expected to be recary).	eceived). Inc	llude data on volume and concentration, i
						11
15. W a	aste Treat	ment.				
a. –	Is this wa	ste treated (or	will it be treate	d) prior to entering the treatment works?		
	☐ Yes	-□ No				
	If yes, de	scribe the treat	ment (provide	information about the removal efficiency):		
	 Is the dis	charge (or will t	he discharge h	oe) continuous or intermittent?		
b			-	oe) continuous or intermittent? ntIf intermittent, describe discharge-sch	nedule.	

DEP 7032A 19D Revised November 2003

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of ClUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. **BG Metal** Name: Mailing Address: 111 Cosma Drive Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Coating of automobile frames F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Automobile frames zinc phosphate, acid pickle, steel frames Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 200,000 gpd continuous or intermittent b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 52,956 □ continuous or □ intermittent gpd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits Yes ☐ No

40 CFR Part 433 - Metal Finishing Point Source Category; Subpart A - Metal Finishing Subcategory; §433.15 - PSES

If subject to categorical pretreatment standards, which category and subcategory?

b. Categorical pretreatment standards

☐ Yes ⊠ No II	f yes, describe each episode.	
	ECEIVED BY TRUCK, RAIL, OR DEDICATED PI	
9. RCRA Waste. Does the treatn pipe? Yes No (go t	nent works receive or has it in the past three years receite F.12.)	ved RCRA hazardous waste by truck, rail, or dedicate
10. Waste Transport. Method by	which RCRA waste is received (check all that apply):	
☐ Truck ☐ Rail	Dedicated Pipe	
11. Waste Description. Give EP	A hazardous waste number and amount (volume or mas	s. specify units).
EPA Hazardous Waste Num		<u>Units</u>
EDOLA (CUDEDEUND) MACT	EWATER, RCRA REMEDIATION/CORRECTIVE	
CTION WASTEWATER, AND	OTHER REMEDIAL ACTIVITY WASTEWATER:	
CTION WASTEWATER, AND (12. Remediation Waste. Does th	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that	
CTION WASTEWATER, AND C 12. Remediation Waste. Does th Yes (complete F.13 through	OTHER REMEDIAL ACTIVITY WASTEWATER:	
CTION WASTEWATER, AND C 12. Remediation Waste. Does th Yes (complete F.13 through	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that nh F.15.)	
CTION WASTEWATER, AND Control of the	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and wite and type of facility at which the CERCLA/RCRA/or of	
CTION WASTEWATER, AND Carlon Waste. Does the Yes (complete F.13 through Provide a list of sites and the results). Waste Origin. Describe the sites.	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and wite and type of facility at which the CERCLA/RCRA/or of	
CTION WASTEWATER, AND Control of the	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and wite and type of facility at which the CERCLA/RCRA/or of	her remedial waste originates (or is expected to
CTION WASTEWATER, AND Control of the	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or ot	her remedial waste originates (or is expected to
CTION WASTEWATER, AND Carlon Waste. Does the Yes (complete F.13 through Provide a list of sites and the rest originate in the next five years).	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be re-	her remedial waste originates (or is expected to
CTION WASTEWATER, AND CASE. Complete F.13 through Provide a list of sites and the restriction originate in the next five years).	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be re-	l-future site. her remedial waste originates (or is expected to
CTION WASTEWATER, AND CASE. Complete F.13 through Provide a list of sites and the restriction originate in the next five years).	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be re-	l-future site. her remedial waste originates (or is expected to
CTION WASTEWATER, AND CASE. Complete F.13 through Provide a list of sites and the restriction originate in the next five years).	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be re-	l-future site. her remedial waste originates (or is expected to
CTION WASTEWATER, AND Color of the Color of	or treatment works currently (or has it been notified that on F.15.) No requested information (F.13 - F.15.) for each current and eite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be reported in necessary).	l-future site. her remedial waste originates (or is expected to
CTION WASTEWATER, AND Color of the Color of	OTHER REMEDIAL ACTIVITY WASTEWATER: ne treatment works currently (or has it been notified that gh F.15.) No requested information (F.13 - F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be re-	l-future site. her remedial waste originates (or is expected to
2. Remediation Waste. Does the Yes (complete F.13 through Provide a list of sites and the residual originate in the next five years). 13. Waste Origin. Describe the significate in the next five years). 14. Pollutants. List the hazardous known. (Attach additional sheether with the significant of the significant originate in the next five years). 15. Waste Treatment. 16. Waste Treatment. 17. Waste Treatment.	or treatment works currently (or has it been notified that on F.15.) No requested information (F.13 - F.15.) for each current and eite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be reported in necessary).	l-future site. her remedial waste originates (or is expected to
2. Remediation Waste. Does the Yes (complete F.13 through Provide a list of sites and the residual originate in the next five years). 13. Waste Origin. Describe the significate in the next five years). 14. Pollutants. List the hazardous known. (Attach additional sheether with the significant of the significant originate in the next five years). 15. Waste Treatment. 16. Waste Treatment. 17. Waste Treatment.	or treatment works currently (or has it been notified that on F.15.) No requested information (F.13 - F.15.) for each current and eite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be reported in the recessary). Hit be treated) prior to entering the treatment works?	l-future site. her remedial waste originates (or is expected to
2. Remediation Waste. Does the Yes (complete F.13 through Provide a list of sites and the residual originate in the next five years). 13. Waste Origin. Describe the significate in the next five years). 14. Pollutants. List the hazardous known. (Attach additional sheether with the significant of the significant originate in the next five years). 15. Waste Treatment. 16. Waste Treatment. 17. Waste Treatment.	or treatment works currently (or has it been notified that on F.15.) No requested information (F.13 - F.15.) for each current and eite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be reported in the recessary). Hit be treated) prior to entering the treatment works?	l-future site. her remedial waste originates (or is expected to
CTION WASTEWATER, AND CONTROL OF THE PROPERTY	or treatment works currently (or has it been notified that aph F.15.) Who requested information (F.13 – F.15.) for each current and lite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be rests if necessary). If the treated) prior to entering the treatment works?	l-future site. her remedial waste originates (or is expected to
2. Remediation Waste. Does the Yes (complete F.13 through Provide a list of sites and the rest originate in the next five years). 13. Waste Origin. Describe the site originate in the next five years). 14. Pollutants. List the hazardous known. (Attach additional sheet with the site of the site originate in the next five years). 15. Waste Treatment. 16. Waste Treatment. 17. Waste Treatment. 18. Is this waste treated (or will be yes, describe the treatme will be list the discharge (or will the list the list the discharge (or will the list the li	or treatment works currently (or has it been notified that on F.15.) No requested information (F.13 - F.15.) for each current and eite and type of facility at which the CERCLA/RCRA/or of the constituents that are received (or are expected to be reported in the recessary). Hit be treated) prior to entering the treatment works?	Huture site. her remedial waste originates (or is expected to exceived). Include data on volume and concentration,

FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? -- No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Central Laundry 501 Park Street Mailing Address: Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Industrial laundering of hospital linens F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Industrial cleaning and drying of hospital linens Detergent, peroxide, soiled linens Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 44,000 gpd □ continuous or □ intermittent b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. □ continuous or □ intermittent <u> 380</u> gpd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits Yes ☐ No

⊠ No

☐ Yes

If subject to categorical pretreatment standards, which category and subcategory?

b. Categorical pretreatment standards

	Yes	⊠ No	If yes, desci	ribe each episode.	
_					
_					
RCRA	HAZA	RDOUS WAS	TE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIPELI	INE:
F.9. RC	CRA W pe?	/aste. Does the ☐ Yes	treatment works o (go to F.12.)	receive or has it in the past three years received R	RCRA hazardous waste by truck, rail, or dedicated
F.10. W	/aste T	ransport. Met	nod by which RCF	RA waste is received (check all that apply):	
			ail Ded		
					
		Description. Gi azardous Waste		is waste number and amount (volume or mass, spe	
	<u> </u>	azaiuous vvaste	- Number	Amount	<u>Units</u>
			34.11111		
		TTOWNS			
				, RCRA REMEDIATION/CORRECTIVE EMEDIAL ACTIVITY WASTEWATER:	
- 40 Da					
 Z. P(C	emedia	ation Waste. D	oes the treatmen	t works currently (or has it been notified that it will)	receive waste from remedial activities?
				t works currently (or has it been notified that it will)	
E	Yes	(complete F.13	through F.15.)	•	***************************************
-Pr -Pr 13. W:	Yes rovide aste O	(complete F.13 a list of sites an	through F.15.) d the requested in	No No	'e site.
-Pr -Pr 13. W:	Yes rovide aste O	(complete F.13 a list of sites an Prigin. Describe in the next-five	through F.15.) d the requested in e the site and type years).	No No Normation (F.13 - F.15.) for each current and futur	'e site.
-Pr -Pr 13. W:	Yes rovide aste O	(complete F.13 a list of sites an Prigin. Describe in the next-five	through F.15.) d the requested in e the site and type years).	No No No Normation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re	'e site.
-Pr -Pr 	Yes rovide	(complete F.13 a list of sites an Prigin. Describe in the next-five ts. List the haz	through F.15.) d the requested in e the site and type years).	No Information (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. Into that are received (or are expected to be received)	re-site.
	Yes-revide	(complete F.13 a list of sites an prigin. Describe in the next-five the next-five ts. List the haz Attach additions	through F.15.) d the requested in the site and type years).	No Information (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. Into that are received (or are expected to be received)	re-site.
	Yes revide	(complete F.13 a list of sites an origin. Describe in the next five the haz Attach additions reatment.	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necessions.	No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re-site.
	Yes revide : raste O ginate	(complete F.13 a list of sites an a list of sites an arrive) or a list of sites an arrive in the next-five ts. List the haz Attach additional areatment.	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necessions.	No Information (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. Into that are received (or are expected to be received)	re-site.
	Yes revide	(complete F.13 a list of sites an origin. Describe in the next five ts. List the haz Attach additions reatment. s waste treated	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necession (or will it be treated)	No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re-site.
	Yes revide	(complete F.13 a list of sites an origin. Describe in the next five ts. List the haz Attach additions reatment. s waste treated	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necession (or will it be treated)	No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re-site.
	Yes revide	(complete F.13 a list of sites an origin. Describe in the next five ts. List the haz Attach additions reatment. s waste treated	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necession (or will it be treated)	No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re site.
	Yes revide : raste O ginate Plutan ewn. (Is this If yes	ts. List the haz Attach additions reatment. waste treated by describe the treatment to th	through F.15.) d the requested in the site and type years). ardous constituer al sheets if necessity (or will it be treated).	No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re-site.
F.13. Winderstand	Yes revide revide reside resid	ts. List the haz Attach additions waste treated by describe the treated discharge (or v	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necest (or will it be treated eatment (provide will the discharge leathers.	nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research to be received (or are expected to be received sary).	re site. re site. remedial waste originates (or is expected to e
F.13. Winderstand	Yes revide revide reside resid	ts. List the haz Attach additions waste treated by describe the treated discharge (or v	through F.15.) d the requested in the site and type years). ardous constitueral sheets if necest (or will it be treated eatment (provide will the discharge leathers.	nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary). The end of facility at which the CERCLA/RCRA/or other received to be received to be received sary). The end of facility at which the CERCLA/RCRA/or other received to be	re site. re site. remedial waste originates (or is expected to e

DEP 7032A 19F Revised November 2003

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

	t complete rait r.			
GEI	NERAL INFORMA	TION:		
F.1.	Pretreatment Progra	m. Does the treatr	nent works have, or is it subje	ject to, an approved pretreatment program?
	☐ Yes ☐ No			
F.2.	Number of Significa of industrial users that			ndustrial Users (CIUs). Provide the number of each of the following type
	a. Number of non-ca	tegorical SIUs		
	b. Number of ClUs.			
SIG	NIFICANT INDUST	TRIAL USER II	NFORMATION:	
	oly the following information			discharges to the treatment works, copy questions F.3 through F.8
F.3.	Significant Industrial pages as necessary.	User Information	ı. Provide the name and addı	dress of each SIU discharging to the treatment works. Submit additional
	Name:	Country Oven	3akery	
	Mailing Address:	2840 Pioneer [Drive	
		Bowling Green	, Kentucky 42101	
F.4.				affect or contribute to the SIU's discharge. t goods, danishes and cookies; and fully baked frozen cakes and
F.5.	Principal Product(s) discharge.	and Raw Materia	l(s). Describe all of the princi	cipal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	Bread, rolls, dar	ishes, cookies, cakes and ice	ced cakes
	Raw material(s):	Baking ingredier	nts, water, food safe detergen	nts for equipment clean-up
F.6.	Flow Rate.			
	per day (gpd) and	whether the discha	arge is continuous or intermitt	e of process wastewater discharged into the collection system in gallons ttent.
	<u>230,000</u> gpd	⊠ continuou	s or	
			ndicate the average daily volu whether the discharge is conf	olume of non-process wastewater flow discharged into the collection ntinuous or intermittent.
	<u>2,000</u> gpd	⊠ continuous	s or	
F.7.	Pretreatment Standar	ds. Indicate whet	her the SIU is subject to the f	following:
	a. Local limits			
	b. Categorical pretrea	atment standards	☐ Yes No	
	If subject to categorica	l pretreatment sta	ndards, which category and s	subcategory?

DEP 7032A 18G Revised November 2003

☐ Yes No	If yes, describe ea	ach episode.	
CRA HAZARDOUS WAS	TE RECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	LINE:
9. RCRA Waste. Does the pipe? ☐ Yes ☒ N	treatment works receive (go to F.12.)	ve or has it in the past three years received	RCRA hazardous waste by truck, rail, or dedicate
40 Mosts Transport Made	and bounding DODA		
Truck R		aste is received (check all that apply):	
 Waste Description. Gi EPA Hazardous Waste 		ste number and amount (volume or mass, s Amount	
LI 7 () Tazardogo vvaste	- Number	Amount	<u>Units</u>
		RA REMEDIATION/CORRECTIVE DIAL ACTIVITY WASTEWATER;	
2. Remediation Waste. D	oes the treatment work	ks currently (or has it been notified that it wi	II) receive waste from remedial activities?
		ks currently (or has it been notified that it wi	
Yes (complete F.13	through F.15.)	⊠ No	· ·
Yes (complete F.13	through F.15.)		· ·
Provide a list of sites and 13. Waste Origin. Describe	through F.15.) d the requested inform the site and type of fa	☑ No ation (F.13 – F.15.) for each current and fut	· ·
Provide a list of sites an	through F.15.) d the requested inform the site and type of fa	☑ No ation (F.13 – F.15.) for each current and fut	ure site.
Provide a list of sites and 13. Waste Origin. Describe	through F.15.) d the requested inform the site and type of fa	☑ No ation (F.13 – F.15.) for each current and fut	ure site.
Provide a list of sites and 13. Waste Origin. Describe	through F.15.) d the requested inform the site and type of fa	☑ No ation (F.13 – F.15.) for each current and fut	ure site.
Provide a list of sites and 13. Waste Origin. Describe	through F.15.) d the requested inform the site and type of fa	☑ No ation (F.13 – F.15.) for each current and fut	ure site.
Provide a list of sites and sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ncility at which the CERCLA/RCRA/or other- at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Provide a list of sites and sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ncility at which the CERCLA/RCRA/or other- at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Provide a list of sites and a list of sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ncility at which the CERCLA/RCRA/or other- at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Provide a list of sites and a list of sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ncility at which the CERCLA/RCRA/or other- at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Yes (complete F.13 Provide a list of sites and	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ncility at which the CERCLA/RCRA/or other- at are received (or are expected to be received)	ure site. remedial waste originates (or is expected to
Provide a list of sites and a list of sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ncility at which the CERCLA/RCRA/or other- at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Provide a list of sites and a list of sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the	No ation (F.13 - F.15.) for each current and fut- ecility at which the CERCLA/RCRA/or other at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Yes (complete F.13 Provide a list of sites and sites and sites and sites origin. Describe originate in the next five years. 4. Pollutants. List the hazknown. (Attach additional sites and sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the il sheets if necessary).	No ation (F.13 - F.15.) for each current and fut- ecility at which the CERCLA/RCRA/or other at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Yes (complete F.13 Provide a list of sites and 13. Waste Origin. Describe originate in the next five years. 4. Pollutants. List the hazknown. (Attach additional years.) 5. Waste Treatment. a. Is this waste treated to year year.	through F.15.) d the requested inform the site and type of fa years). ardous constituents the il sheets if necessary).	No ation (F.13 - F.15.) for each current and fut. edility at which the CERCLA/RCRA/or other at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Yes (complete F.13 Provide a list of sites and sites and sites and sites origin. Describe originate in the next five years. 4. Pollutants. List the hazknown. (Attach additional sites and sites an	through F.15.) d the requested inform the site and type of fa years). ardous constituents the il sheets if necessary).	No ation (F.13 - F.15.) for each current and fut. edility at which the CERCLA/RCRA/or other at are received (or are expected to be received)	ure-site- remedial waste originates (or is expected to
Provide a list of sites and sites and sites and sites original. Describe originate in the next five years. 4. Pollutants. List the hazknown. (Attach additional	through F.15.) d the requested inform the site and type of favorars). ardous constituents the last sheets if necessary).	ation (F.13 - F.15.) for each current and fut- edility at which the CERCLA/RCRA/or other at are received (or are expected to be received to the received to the entering the treatment works?	ure site.
Provide a list of sites and Provide a list of the hazknown. (Attach additional list of the waste treated of the list of th	through F.15.) d the requested inform the site and type of favears). ardous constituents the sheets if necessary). (or will it be treated) prince the site of th	ation (F.13 - F.15.) for each current and fut- edility at which the CERCLA/RCRA/or other at are received (or are expected to be received to the received to the entering the treatment works?	ved). Include data on volume and concentration,

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ Yes— F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. General Motors Name: 600 Corvette Drive Mailing Address: Bowling Green, Kentucky 42102 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Phosphate coating of auto frames F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Automobiles See Attachment No. 1 following this page. Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 148,000 gpd continuous or \boxtimes intermittent b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 20,000 □ continuous or □ intermittent apd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits ☐ No b. Categorical pretreatment standards Yes ☐ No

SUPPLEMENTAL APPLICATION INFORMATION

DEP 7032A 18H Revised November 2003

40 CFR Part 433 - Metal Finishing Point Source Category; Subpart A - Metal Finishing Subcategory; §433.17 - PSNS

If subject to categorical pretreatment standards, which category and subcategory?

	Yes ⊠ No	If yes, describe	each episode.	
			TRUCK, RAIL, OR DEDICATED PIPELIN	
pipe	:A waste. Does the ?	e treatment works rece lo (go to F.12.)	eive or has it in the past three years received RC	CRA hazardous waste by truck, rail, or dedicated
F.10. Was	ste Transport. Met	hod by which RCRA w	vaste is received (check all that apply):	
		ail Dedicate	• • • • • • • • • • • • • • • • • • • •	
	ste Description. G A Hazardous Waste		aste number and amount (volume or mass, spec Amount	
La l	7 Tiazaidous VVasio	C IVUITIDOI	Amount	<u>Units</u>
		-		
				•
			CRA REMEDIATION/CORRECTIVE EDIAL ACTIVITY WASTEWATER:	
.12. Rem	nediation Waste. E	Does the treatment wo	rks currently (or has it been notified that it will) r	receive waste from remedial activities?
- -	res (complete F.13	through F.15.)	⊠ No	
			23.140	
			nation (F.13 - F.15.) for each current and future	· site.
.13. W as		e the site and type of f		· site.
.13. W as	s te Origin. Des cribe	e the site and type of f	nation (F.13 - F.15.) for each current and future	· site.
F.13. Was origin	ote Origin. Describe nate in the next five	e the site and type of f	nation (F.13 - F.15.) for each current and future facility at which the CERCLA/RCRA/or other ren	redial waste originates (or is expected to
F.13. Was origin	ote Origin. Describe nate in the next five	e the site and type of f years).	nation (F.13 - F.15.) for each current and future facility at which the CERCLA/RCRA/or other ren	redial waste originates (or is expected to
.13. Was origin	utants. List the haz	e the site and type of f years). cardous constituents the sheets if necessary)	nation (F.13 - F.15.) for each current and future facility at which the CERCLA/RCRA/or other renember at are received (or are expected to be received).	redial waste originates (or is expected to
.13. Was origin	utants. List the haz	e the site and type of f years). cardous constituents the sheets if necessary)	nation (F.13 - F.15.) for each current and future facility at which the CERCLA/RCRA/or other ren	redial waste originates (or is expected to
7.13. Was origin	utants. List the haz	e the site and type of f years). tardous constituents the sheets if necessary; (or will it be treated) p	rior to entering the treatment works?	redial waste originates (or is expected to
7.13. Was origin	utants. List the haz	e the site and type of f years). tardous constituents the sheets if necessary; (or will it be treated) p	nation (F.13 - F.15.) for each current and future facility at which the CERCLA/RCRA/or other renember at are received (or are expected to be received).	redial waste originates (or is expected to
.14. Polluknow	utants. List the haz	e the site and type of f years). tardous constituents the sheets if necessary; (or will it be treated) p	rior to entering the treatment works?	redial waste originates (or is expected to
7.13. Was origin	utants. List the haz	e the site and type of f years). tardous constituents the sheets if necessary; (or will it be treated) p	rior to entering the treatment works?	redial waste originates (or is expected to
i.14. Polluknew	utants. List the haz (Attach additions te Treatment. s this waste treated Yes □ No Yes, describe the treated	e the site and type of f years). tardous constituents the sheets if necessary; (or will it be treated) preatment (provide info	rior to entering the treatment works?	· site.
i.13. Was origin	te Origin. Describe nate in the next five nate in the next five nate in the next five nate in the hazer. List the hazer. (Attach additionate the treatment.) The Treatment nate of the discharge (or very nate of the dischar	e the site and type of f years). tardous constituents the all sheets if necessary) (or will it be treated) preatment (provide info	rior to entering the treatment works?	nedial waste originates (or is expected to

DEP 7032A 19H Revised November 2003

General Motors

Attachment 1 Raw Materials

TYPE	QUANTITY (USED IN 2005)
Gasoline	194,925 gal
Brake fluid	7,799 gal
Antifreeze	65,000 gal
Windshield washer fluid	18,534 gal
Transmission fluid	35,000 gal
Sealers/Adhesives	30,293 gal
Automotive paint	
Prime	37,275 gal
Base	111,199 gal
Clear	64,040 gal
Blackout	7,950 gal
Phosphate operation	
Chemkleen 49	23,180 lb
Rinse Conditioner	2,200 lb
Chem Liquid Additive	13,200 lb
Chemfos 700 RCAN (phosphoric acid,	53,248 lb
nickel nitrate)	
Chemseal 59	4,883 lb
Chemfil buffer	7,741 lb
Chemfos 700B	1,800 lb
Chemfos AFL	5,345 lb
Chemfos AZN	1,896 lb
Scale Remover 9F	8,910 lb
Stage Cleaner 247	7,480 lb
ELPO operation	
E6214 (resin)	30,605 gal
E6286A (pigment)	3,607 gal
E6243 Lactic Acid	151 gal
MZD40940 (corrosive)	1,100 lb
MZD 7330 (biocide)	19,536 lb
<u>Soaps</u>	
Chemkleen 231 PL	54,782 lb
Chemkleen 314 RA	58,495 lb
Wastewater Treatment Plant	
Flocculent – WWT9302	56 gal
Coagulant – WWT9605	842 gal
Caustic – Sodium hydroxide	9,016 gal
Detackification	
Detack – BCTL 2010	10,609gal

SUPPLEMENTAL APPLICATION INFORMATION INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES PART F. All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? -- No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of ClUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Hill's Pet Nutrition Name: 151 Turner Court Mailing Address: Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Manufacturing of pet food. F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Pet food Raw grain, animal fat, soy oil, meat blend / emulsified meat Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. <u>40,000</u> □ continuous or □ intermittent b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 16,726 gpd □ continuous or □ intermittent F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

DEP 7032A 18I Revised November 2003

☐ Yes

If subject to categorical pretreatment standards, which category and subcategory?

□ No

a. Local limits

b. Categorical pretreatment standards

☐ Yes ⊠ No	If yes, describe ead	ch episode.	
		P	
CRA HAZARDOUS WAS	STE RECEIVED BY T	RUCK, RAIL, OR DEDICATED PIPE	:LINE:
9. RCRA Waste. Does the pipe? ☐ Yes ☒ N	e treatment works receive	e or has it in the past three years received	RCRA hazardous waste by truck, rail, or dedicat
10. Waste Transport, Met	hod by which RCRA was	ste is received (check all that apply):	
☐ Truck ☐ R			
11 Wasto Description Gi	ivo EDA hazardaya wast	e number and amount (volume or mass,	
EPA Hazardous Waste		<u>Amount</u>	Units
, , , , , , , , , , , , , , , , , , ,			
EDCI A (SUDEDEUND) V	WASTEWATER, RCR	A REMEDIATION/CORRECTIVE	
CTION WASTEWATER,	AND OTHER REMED	DIAL ACTIVITY WASTEWATER:	
CTION WASTEWATER, 12. Remediation Waste. D	AND OTHER REMED	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w	ill) receive waste from remedial activities?
CTION WASTEWATER, 12. Remediation Waste. D Yes (complete F.13	AND OTHER REMED Does the treatment works through F.15.)	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w	
CTION WASTEWATER, 12. Remediation Waste. D Yes (complete F.13	AND OTHER REMED Does the treatment works through F.15.)	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w	
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of fac	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and full	ture site.
CTION WASTEWATER, 12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of fac	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and full	
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of fac	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and full	ture site.
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of fac	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and full	ture site.
CTION WASTEWATER, 12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of fac	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and full	ture site.
CTION WASTEWATER, 12. Remediation Waste. Described a list of sites and sites and sites or sites and sites or sites and sites	AND OTHER REMED Does the treatment works through F.15.) Id the requested informate the site and type of fac years).	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur-	ture site. remedial waste originates (or is expected to
CTION WASTEWATER, 12. Remediation Waste. Described a list of sites and sites and sites or sites and sites or sites and sites	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factyears).	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur-	ture site.
2. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factyears).	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur-	ture site. remedial waste originates (or is expected to
2. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factyears).	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur-	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five originate. List the haz known. (Attach additional	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factyears).	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur-	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five ————————————————————————————————————	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factyears). It ardous constituents that all sheets if necessary).	Scurrently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur sility at which the CERCLA/RCRA/or other	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five ————————————————————————————————————	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factyears). It ardous constituents that all sheets if necessary).	DIAL ACTIVITY WASTEWATER: s-currently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur-	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five originate in the next five originate in the next five originate. List the haz known. (Attach additional list of the second or	AND OTHER REMED Does the treatment works through F.15.) Ind the requested informate the site and type of factyears). The site and type of factyears.	Securrently (or has it been notified that it works) Securrently (or has it been notified that it works) Who tion (F.13 - F.15.) for each current and further which the CERCLA/RCRA/or other stars received (or are expected to be received to be received to be received to entering the treatment works?	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five originate in the next five originate in the next five originate. List the haz known. (Attach additional list of the second or	AND OTHER REMED Does the treatment works through F.15.) Ind the requested informate the site and type of factyears). The site and type of factyears.	Scurrently (or has it been notified that it w No tion (F.13 - F.15.) for each current and fur sility at which the CERCLA/RCRA/or other	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five originate in the next five originate in the next five originate. List the haz known. (Attach additional list of the second or	AND OTHER REMED Does the treatment works through F.15.) Id the requested informate the site and type of factyears). The site and type of factyears.	Securrently (or has it been notified that it works) Securrently (or has it been notified that it works) Who tion (F.13 - F.15.) for each current and further which the CERCLA/RCRA/or other stars received (or are expected to be received to be received to be received to entering the treatment works?	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five originate in the next five originate in the next five originate. List the haz known. (Attach additional list of the second or	AND OTHER REMED Does the treatment works through F.15.) Id the requested informate the site and type of factyears). The site and type of factyears.	Securrently (or has it been notified that it works) Securrently (or has it been notified that it works) Who tion (F.13 - F.15.) for each current and further which the CERCLA/RCRA/or other stars received (or are expected to be received to be received to be received to entering the treatment works?	ture site. remedial waste originates (or is expected to
12. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five originate in the next five originate in the next five originate. List the haz known. (Attach additional list of the second or	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of factories. In the site and type of factories. In the site and type of factories and type of factories are site and type of factories. In the site and type of factories are site and type of factories. In the site and type of factories are site and type of factories. In the site and type of factories are site and type of factories are site and type of factories. In the site and type of factories are site and type of factories are site and type of factories. In the site and type of factories are site and	DIAL ACTIVITY WASTEWATER: 5 currently (or has it been notified that it was notified that it was notified that it was notified that it was not notified that it was not	ture site. remedial waste originates (or is expected to
2. Remediation Waste. D Yes (complete F.13 Provide a list of sites an 13. Waste Origin. Describe originate in the next five or	AND OTHER REMED Does the treatment works through F.15.) Ind the requested information the site and type of fact years). It ardous constituents that all sheets if necessary). (or will it be treated) priore the site and type of fact years and type of fact years.	DIAL ACTIVITY WASTEWATER: 5 currently (or has it been notified that it was notified that it was notified that it was notified that it was not notified that it was not	ture site. remedial waste originates (or is expected to ived). Include data on volume and concentration,

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Holley Performance 1801 Russellville Road Mailing Address: Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Plating and cutting F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's Principal product(s): Automotive fuel systems and components Steel, zinc, copper, brass, aluminum and plastics Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 60,000 pqp □ continuous or □ intermittent b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection

system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

✓ Yes

☐ No

40 CFR Part 433 - Metal Finishing Point Source Category; Subpart A - Metal Finishing Subcategory; §433.15 - PSES

□ continuous or □ intermittent

If subject to categorical pretreatment standards, which category and subcategory?

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

2,200

a. Local limits

b. Categorical pretreatment standards

	If yes, describe ead	ch episode.	
CRA HAZARDOUS WAS	TE RECEIVED BY TI	RUCK, RAIL, OR DEDICATED PIPEL	JNE:
.9. RCRA Waste. Does the	treatment works received (go to F.12.)	or has it in the past three years received i	RCRA hazardous waste by truck, rail, or dedicate
.10. Waste Transport Meth	ood by which RCRA was	te is received (check all that apply):	
☐ Truck ☐ Ra			
		e number and amount (volume or mass, sp	
EPA Hazardous Waste	Number	<u>Amount</u>	<u>Units</u>
	A.00.00.00.00.00		
		A REMEDIATION/CORRECTIVE IAL ACTIVITY WASTEWATER:	
		currently (or has it been notified that it will) receive waste from remedial activities?
		No No	
Provide a list of sites and		tion (F.13 - F.15.) for each current and futu	re site.
Provide a list of sites and	the site and type of faci	tion (F.13 - F.15.) for each current and futu	
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of faci /ears).	tion (F.13 - F.15.) for each current and futu	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of faci /ears).	tion (F.13 – F.15.) for each current and futu	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of faci years).	tion (F.13 - F.15.) for each current and futu	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of faci years).	tion (F.13 - F.15.) for each current and futu	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of faci years). ardous constituents that I sheets if necessary).	tion (F.13 - F.15.) for each current and futu	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of faci years). ardous constituents that I sheets if necessary).	tion (F.13 - F.15.) for each current and futurillity at which the CERCLA/RCRA/or other reached are received (or are expected to be received.	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior	tion (F.13 - F.15.) for each current and futurillity at which the CERCLA/RCRA/or other reached are received (or are expected to be received.	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior	tion (F.13 - F.15.) for each current and futurility at which the CERCLA/RCRA/or other reare received (or are expected to be received).	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior	tion (F.13 - F.15.) for each current and futurility at which the CERCLA/RCRA/or other reare received (or are expected to be received).	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior	tion (F.13 – F.15.) for each current and futurility at which the CERCLA/RCRA/or other rare received (or are expected to be received to entering the treatment works?	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior eatment (provide information in the discharge be) continued in the discharge be)	tion (F.13 – F.15.) for each current and futurility at which the CERCLA/RCRA/or other reare received (or are expected to be received to entering the treatment works? ation about the removal efficiency):	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior eatment (provide information in the discharge be) continued in the discharge be)	tion (F.13 – F.15.) for each current and futurility at which the CERCLA/RCRA/or other rare received (or are expected to be received to entering the treatment works?	re site. emedial waste originates (or is expected to
Provide a list of sites and 13. Waste Origin. Describe originate in the next five y	the site and type of facivears). ardous constituents that I sheets if necessary). or will it be treated) prior eatment (provide information in the discharge be) continued in the discharge be)	tion (F.13 – F.15.) for each current and futurility at which the CERCLA/RCRA/or other reare received (or are expected to be received to entering the treatment works? ation about the removal efficiency):	re site. emedial waste originates (or is expected to

DEP 7032A 19J Revised November 2003

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Huish Detergents, Inc. 385 South Wood Court Mailing Address: Bowling Green, Kentucky 42101 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Manufacturing of powder and liquid laundry detergent; liquid dish detergent; automatic dish gel; and fabric softener F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Powder and liquid laundry detergent; liquid dish detergent; automatic dish gel; fabric softener See attachment labeled Section C - Facility Operational Characteristics Raw material(s): Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. <u>780</u> gpd continuous or \boxtimes intermittent Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. gpd □ continuous or □ intermittent 20,000

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 417 – Soap and Detergent Manufacturing Point Source Category; Subpart O – Manufacturer of Spray Dried Detergents Subcategory; Subpart P – Manufacturer of Liquid Detergents Subcategory; and Subpart Q – Manufacturer of Detergents by Dry Blending Subcategory

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

Yes

Yes

☐ No

a. Local limits

b. Categorical pretreatment standards

	scribe each episode.	
CRA HAZARDOUS WASTE RECEIVE	D BY TRUCK, RAIL, OR DEDICATED PIPELIN	IC.
	s receive or has it in the past three years received RC	
pipe? Yes No (go to F.12.)		
·	CRA waste is received (check all that apply):	
☐ Truck ☐ Rail ☐ D	edicated Pipe	
11. Waste Description. Give EPA hazard	ous waste number and amount (volume or mass, spec	eify units).
EPA Hazardous Waste Number	Amount	<u>Units</u>

	R, RCRA REMEDIATION/CORRECTIVE REMEDIAL ACTIVITY WASTEWATER:	
	- WHY	
	ent works currently (or has it been notified that it will) r	
	☑ No I information (F.13 - F.15.) for each current and future	
r to the a not of oldes and the requestee	a information (1.40 - 1.40.) for each outlett and future	Site.
13. Waste Origin. Describe the site and ty	rpe of facility at which the CERCLA/RCRA/or other ren	nedial waste originates (or is expected to
 Waste Origin. Describe the site and ty originate in the next five years). 	rpe of facility at which the CERCLA/RCRA/or other ren	nedial waste originates (or is expected to
13. Waste Origin. Describe the site and ty originate in the next five years).	rpe of facility at which the CERCLA/RCRA/or other ren	nedial waste originates (or is expected to
13. Waste Origin. Describe the site and ty eriginate in the next five years)	rpe of facility at which the CERCLA/RCRA/or other ren	nedial waste originates (or is expected to
13. Waste Origin. Describe the site and ty originate in the next five years)	rpe of facility at which the CERCLA/RCRA/or other ren	nedial waste originates (or is expected to
eriginate in the next five years)	ents that are received (or are expected to be received	
originate in the next five years).	ents that are received (or are expected to be received	
originate in the next five years).	ents that are received (or are expected to be received	
originate in the next five years).	ents that are received (or are expected to be received	
originate in the next five years). ———————————————————————————————————	ients that are received (or are expected to be received	
I. Pollutants. List the hazardous constitution known. (Attach additional sheets if necession) 5. Waste Treatment. a. Is this waste treated (or will it be treated)	ents that are received (or are expected to be received	
originate in the next five years). ———————————————————————————————————	tents that are received (or are expected to be received essary). ated) prior to entering the treatment works?	
originate in the next five years). ———————————————————————————————————	ients that are received (or are expected to be received	
originate in the next five years). ———————————————————————————————————	tents that are received (or are expected to be received essary). ated) prior to entering the treatment works?	
originate in the next five years). ———————————————————————————————————	ients that are received (or are expected to be received essary). ated) prior to entering the treatment works?	
originate in the next five years).	ients that are received (or are expected to be received essary). ated) prior to entering the treatment works?	

Section C - Facillity Operational Characteristics

1 Raw Materials:

Туре	Quantity
Silicate	Bulk
Sulfate	Bulk
Soda 100	Bulk
Soda 260	Bulk
Salt	Bulk
Acusol 445N	Bulk
Caustic	Bulk
Ethanol	Bulk
STPP	Bulk
Agent 2710-51	Bulk
Ammonyx	Bulk
Sulfonic	Bulk
MEE	Bulk
Citric Acid	non-Bulk
Borax	non-Bulk
Calcium Chloride	non-Bulk
Doucil 75	non-Bulk
Kathon CGICP	non-Bulk
Sodium Gluconate	non-Bulk
Uvinul MS40	non-Bulk
Salt bags	non-Bulk
Savinase 6.0	non-Bulk
Sulfuric Acid	non-Bulk
Sequest 100	non-Bulk
Salt Pellets	non-Bulk
STS	non-Bulk
Mag Chloride	non-Bulk
Sodium Metabisulfite	non-Bulk
Carbopal 676	non-Bulk
Peg 8000	non-Bulk
Oxyrite 100	non-Bulk
Doucil QK20	non-Bulk
Acusol 305 OP	non-Bulk
Urea SS	non-Bulk
Ciba Fast	non-Bulk
Urea bags	non-Bulk
Optiblanc 2m/g	non-Bulk
Triclosan	non-Bulk
<u>Huishzyme</u>	non-Bulk
Trans 414	non-Bulk
Blue Specks	non-Bulk
Armeen APA C	non-Bulk
Acusol 882	non-Bulk
Tinopal SNH-X	non-Bulk
Acusol 460	non-Bulk
Savinase Ultra	non-Bulk
Plantopan	non-Bulk

Alcalase	non-Bulk
Stainzyme	non-Bulk
Y-14865 Defoamer	non-Bulk
TegoSorb	non-Bulk
Trans 10	non-Bulk
Endolase	non-Bulk
SXS	non-Bulk
Mag Sulfite	non-Bulk
Canguard	non-Bulk
Alcosperse 747	non-Bulk
TEA 99	non-Bulk
Calfoam SLS	non-Bulk
Puradex	non-Bulk

2 Principal Products:

_			
7	11	n	Ω
- 1	v	v	С

Fabric	Softener
Bleach	

Quantity 10 million lbs./month 3.4 tons/month

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

mus	t complete Part F.			CONTRACTOR CONTRACTOR CONTRACTOR	Tulus sensence	001/10/04/10/10/10/10/10					
GEI	NERAL INFORMAT	ION:		112							
F.1.	Pretreatment Progran	n. Does the treatr	nent works have, o	or is it subje	ject to, a	an-approv	ed pretre	atment pro	ogram?		
	☐ Yes ☐ No										
F.2.	Number of Significar of industrial users that			gorical In	ndustria	ı l Users (ClUs). P	rovide the	number of	f each of the	ofollowing types
	a. Number of non-cal	egorical SIUs									
	b. Number of CIUs.										
SIG	NIFICANT INDUST	RIAL USER II	NFORMATION:	•							
	oly the following inforn provide the informatio			one SIU di	dischar	ges to the	e treatme	ent works,	copy que	estions F.3	through F.8
F.3.	Significant Industrial pages as necessary.	User Information	. Provide the nam	ne and add	dress of	each SIU	J discharg	jing to the	treatment	works. Sub	mit additional
	Name:	KOBE Aluminu	m								 .
	Mailing Address:	525 Central Co	urt								
		Bowling Green	Kentucky 42101								
F.4. F.5.	Aluminum forming Principal Product(s) a discharge.									r contribute	to the SIU's
	Principal product(s):	Automotive susp	ension parts								
	Raw material(s):	90% pure alumii zirconium)	num, 10% alloys (s	silicon, cop	pper, ma	agnesium	ı, titanium	, baron, iro	on, manga	nese, chron	nium and
F.6.	Flow Rate.										
	a. Process wastewate per day (gpd) and v	er flow rate. Indica whether the discha	arge is continuous	or intermit	e of proc ittent.	ess waste	ewater dis	scharged i	nto the col	llection syste	em in gallons
	b. Non-process waste system in gallons p	ewater flow rate. I per day (gpd) and Continuous	whether the discha	arge is con	olume of ntinuous	non-proc or interm	cess waste nittent.	ewater flov	w discharg	ed into the o	collection
F.7.	Pretreatment Standar	ds. Indicate whet	ner the SIU is subj	ect to the	followin	ıg:					
	a. Local limits		⊠ Yes □ N	10							
	b. Categorical pretrea	tment standards	⊠ Yes □ N	10							
	If subject to categorica										
	40 CFR Part 467 - Al	uminum Forming	Point Source Cate	gory; Sub	part F -	- Drawing	with Emu	ulsions or	Soaps Sub	ocategory	

☐ Yes ☒ No If yes, d	escribe each episode.	
- Annah and an		
CRA HAZARDOUS WASTE RECEIV	ED BY TRUCK, RAIL, OR DEDICATED PIPELIN	<u>.</u>
.9. RCRA Waste. Does the treatment we pipe? Yes No (go to F.12.	orks receive or has it in the past three years received RCF	RA hazardous waste by truck, rail, or dedicate
40 Monte Transport Mathed by which	PODA wasta is assistant (also to different all the control of the	
Truck Rail Rail	RCRA waste is received (check all that apply): Dedicated Pine	
.11. Waste Description. Give EPA hazar EPA Hazardous Waste Number	rdous waste number and amount (volume or mass, speci	
EF74 Hazardous Waste Number	Amount	<u>Units</u>
144		
	ER, RCRA REMEDIATION/CORRECTIVE	
OTION WAS ILWATEN, AND OTHER	REMEDIAL ACTIVITY WASTEWATER:	
		ceive waste from remedial activities?
12. Remediation Waste. Does the treatr	ment works currently (or has it been notified that it will) re	
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s	iite.
 Remediation Waste. Does the treatree. Yes (complete F.13 through F.15. Provide a list of sites and the requester. Waste Origin. Describe the site and originate in the next five years). 	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other remains.	iite.
 Remediation Waste. Does the treatree. Yes (complete F.13 through F.15. Provide a list of sites and the requester. Waste Origin. Describe the site and originate in the next five years). 	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s	iite.
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years).	ment works currently (or has it been notified that it-will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other remo	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years).	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). ———————————————————————————————————	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	ite. edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). ———————————————————————————————————	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	ite. edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). ———————————————————————————————————	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). 14. Pollutants. List the hazardous constited known. (Attach additional sheets if new line).	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). 14. Pollutants. List the hazardous constited known. (Attach additional sheets if new line).	ment works currently (or has it been notified that it-will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	ite. edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). 14. Pollutants. List the hazardous constited known. (Attach additional sheets if new line). 15. Waste Treatment. a. Is this waste treated (or will it be treated).	ment works currently (or has it been notified that it-will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received).	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). 14. Pollutants. List the hazardous constited known. (Attach additional sheets if new line). 15. Waste Treatment. a. Is this waste treated (or will it be treated).	ment works currently (or has it been notified that it-will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other removes tuents that are received (or are expected to be received). cessary). eated) prior to entering the treatment works?	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). 14. Pollutants. List the hazardous constited known. (Attach additional sheets if new line). 15. Waste Treatment. a. Is this waste treated (or will it be treated).	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other remove tuents that are received (or are expected to be received). cessary). eated) prior to entering the treatment works? vide information about the removal efficiency):	edial waste originates (or is expected to
12. Remediation Waste. Does the treatr Yes (complete F.13 through F.15. Provide a list of sites and the requeste 13. Waste Origin. Describe the site and originate in the next five years). 14. Pollutants. List the hazardous constite known. (Attach additional sheets if new line) 15. Waste Treatment. a. Is this waste treated (or will it be treatment (provided). If yes, describe the treatment (provided).	ment works currently (or has it been notified that it will) re No ed information (F.13 - F.15.) for each current and future s type of facility at which the CERCLA/RCRA/or other remove tuents that are received (or are expected to be received). cessary). eated) prior to entering the treatment works? vide information about the removal efficiency):	edial waste originates (or is expected to

SUPPLEMENTAL APPLICATION INFORMATION INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES PART F. All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ Yes - □ No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Lord Corporation Name: 2800 Pioneer Drive Mailing Address: Bowling Green, Kentucky 42102 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Zinc phosphate and chromate conversion coating F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Rubber bandings on metal parts Principal product(s): Rubber and elastomer; chemical adhesives; metal parts Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 14,500 ontinuous or intermittent gpd b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. □ continuous or □ intermittent 9,500 gpd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

Yes

Yes

If subject to categorical pretreatment standards, which category and subcategory?

a. Local limits

b. Categorical pretreatment standards

☐ No

☐ No

40 CFR Part 433 - Metal Finishing Point Source Category; Subpart A - Metal Finishing Subcategory; §433.15 - PSES

	ribe each episode.	
CRA HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIPELIN	l F :
9. RCRA Waste. Does the treatment works	receive or has it in the past three years received RC	
pipe?		
10. Waste Transport. Method by which RCI		
☐ Truck ☐ Rail ☐ Dec	Heated Pipe	
11. Waste Description. Give EPA hazardoւ	is waste number and amount (volume or mass, spec	sify units).
EPA Hazardous Waste Number	<u>Amount</u>	<u>Units</u>
ERCLA (SUPERFUND) WASTEWATER CTION WASTEWATER, AND OTHER R		
12. Remediation Waste. Does the treatmer	t works-currently (or has it been notified that it will) re	eceive waste from remedial activities?
	⊠-No	
Provide a list of sites and the requested i	nformation (F.13 - F.15.) for each current and future	site.
eriginate in the next five years)	e of facility at which the CERCLA/RCRA/or other rem	nedial waste originates (or is expected to
	- Anni Anni Anni	
· · · · · · · · · · · · · · · · · · ·		
14. Pollutants. List the hazardous constitued known. (Attach additional sheets if neces	nts that are received (or are expected to be received sary).). Include data on volume and concentration,
). Include data on volume and concentration,
known. (Attach additional sheets if neces	sary).). Include data on volume and concentration,
known. (Attach additional sheets if necession.) 5. Waste Treatment.	sary).). Include data on volume and concentration,
known. (Attach additional sheets if necession.) 5. Waste Treatment. a. Is this waste treated (or will it be treated.) Yes \Box	sary).). Include data on volume and concentration,
known. (Attach additional sheets if necession.) 5. Waste Treatment. a. Is this waste treated (or will it be treated.) Yes \Box	ed) prior to entering the treatment works?). Include data on volume and concentration,
known. (Attach additional sheets if necession.) 5. Waste Treatment. a. Is this waste treated (or will it be treated.) Yes \Box	ed) prior to entering the treatment works?). Include data on volume and concentration,
known. (Attach additional sheets if necesing the sheet sheet sheets if necesing the sheet sheet sheet sheets if necesing the sheet	ed) prior to entering the treatment works? information about the removal efficiency):). Include data on volume and concentration,
known. (Attach additional sheets if necession.) 5. Waste Treatment. a. Is this waste treated (or will it be treated.) If yes. No	ed) prior to entering the treatment works? information about the removal efficiency):). Include data on volume and concentration,

DEP 7032A 19M Revised November 2003

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

mus	t complete Part F.				
GE	NERAL INFORMAT	ION:			
F.1.	Pretreatment Progran	n. Does the treatr	ment works have, or is it sub	iect to, an approved pretreatment prograr	n?
	☐ Yes ☐ No				
F.2.	Number of Significan of industrial users that			dustrial Users (CIUs). Provide the num	ber of each of the following types
	a. Number of non-cat	egorical SIUs.			
	b. Number of CIUs.				
SIG	NIFICANT INDUST	RIAL USER II	NFORMATION:		
Supp and j	oly the following inforn provide the information	nation for each S n requested for e	SIU. If more than one SIU ceach SIU.	lischarges to the treatment works, cop	y questions F.3 through F.8
F.3.	Significant Industrial pages as necessary.	User Informatior	n. Provide the name and add	dress of each SIU discharging to the treat	tment works. Submit additional
	Name:	NASCO/NHK		-APP WILL A STATE OF THE STATE	
	Mailing Address:	3251 Nashville	e Road		
		Bowling Green	n, Kentucky 42101		
F.5.			s and truck lid tension bars	cipal processes and raw materials that af	fect or contribute to the SIU's
	Principal product(s):	Automotive susp	pension springs and truck lid	torsion bars	
	Raw material(s):	Steel, powder e	poxy paint, e-coat paint and	rust inhibitors	
F.6.	Flow Rate.				
			ate the average daily volume arge is continuous or intermi	of process wastewater discharged into titent.	he collection system in gallons
	<u>37,000</u> gpd		or intermittent		
	b. Non-process waste system in gallons p	water flow rate. I er day (gpd) and	Indicate the average daily vo whether the discharge is cor	lume of non-process wastewater flow dis ntinuous or intermittent.	charged into the collection
	<u>2,000</u> gpd	□ continuous	or intermittent		
F.7.	Pretreatment Standard	ds. Indicate whet	ther the SIU is subject to the	following:	
	a. Local limits		⊠ Yes □ No		
	b. Categorical pretrea	tment standards	⊠ Yes □ No		
	,	•	andards, which category and		
	40 CFR Part 433 - M	etal Finishing Poi	nt Source Category; Subpart	A – Metal Finishing Subcategory; §433.	17 - PSNS

] Yes	⊠ No	If yes, descri	ibe each episode.	
_					
				BY TRUCK, RAIL, OR DEDICATED PIPELI	
.9. RC pir	CRA W pe?	/aste . Does the ☐ Yes ⊠ No	treatment works roge (go to F.12.)	receive or has it in the past three years received R	CRA hazardous waste by truck, rail, or dedicated
40 10	, , <u>-</u>				
		•	ail Dedi	RA waste is received (check all that apply):	
	<u> 1 1 U C N</u>			icated Fipe	
			233	s waste number and amount (volume or mass, spe	ecify units).
<u>E</u>	EPA H	azardous Waste	Number	<u>Amount</u>	<u>Units</u>

	۱۵) ۸	IDERELIND) W	VASTEWATER	RCRA REMEDIATION/CORRECTIVE	
4 OITO					
	V WAS	STEWATER, A	AND OTHER RE	EMEDIAL ACTIVITY WASTEWATER:	receive waste from remedial activities?
.12. Re	N WAS	STEWATER, A	AND OTHER RE	EMEDIAL-ACTIVITY WASTEWATER: t works-currently (or has it been notified that it will)	receive waste from remedial activities?
.12. Re -⊟	emedia Yes rovide	STEWATER, A ation Waste. D (complete F.13 a list of sites and	AND OTHER RE oes the treatment through F.15.) d the requested in	EMEDIAL ACTIVITY WASTEWATER: t works currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future	receive waste from remedial activities?
.12. Re	emedia Yes rovide	STEWATER, A ation Waste. D (complete F.13 a list of sites and	oes the treatment through F.15.) d the requested in	EMEDIAL ACTIVITY WASTEWATER: t works currently (or has it been notified that it will)	receive waste from remedial activities?
.12. Re	emedia Yes rovide	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Origin. Describe	oes the treatment through F.15.) d the requested in	EMEDIAL ACTIVITY WASTEWATER: t works currently (or has it been notified that it will) No formation (F.13 - F.15.) for each current and future	receive waste from remedial activities?
.12. Re	emedia Yes rovide	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Origin. Describe	oes the treatment through F.15.) d the requested in	EMEDIAL ACTIVITY WASTEWATER: t works currently (or has it been notified that it will) No formation (F.13 - F.15.) for each current and future	receive waste from remedial activities?
.12. Re-	N WAS emedia Yes rovide aste C ginate	STEWATER, A ation Waste. D. (complete F.13- a list of sites and Origin. Describe in the next five)	oes the treatment through F.15.) d the requested in the site and type years).	t works currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re	e site:
12. Re-	N WAS emedia Yes rovide aste C ginate	STEWATER, A ation Waste. D. (complete F.13- a list of sites and Origin. Describe in the next five)	oes the treatment through F.15.) d the requested in the site and type years).	t works currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re	e site:
12. Re-	N WAS emedia Yes rovide aste C ginate	STEWATER, A ation Waste. D. (complete F.13- a list of sites and Origin. Describe in the next five)	oes the treatment through F.15.) d the requested in the site and type years).	t works currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re	e site:
.12. Re Pr .13. W: ori (N WAS emedia] Yes rovide aste C ginate ———————————————————————————————————	STEWATER, A ation Waste. D. (complete F.13- a list of sites and Origin. Describe in the next five)	oes the treatment through F.15.) d the requested in the site and type years).	t works currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re	e site:
12. Re- Pr 13. Wi orig 14. Po kne — —	N-WA: emedia Yes rovide aste C ginate pllutan own. (STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five y ats. List the haze Attach additional	oes the treatment through F.15.) d the requested in the site and type years).	t works currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re	e site:
12. Re Pr 13. Wi orig 14. Po kne —	N-WA: emedic Yes rovide faste C ginate pllutan ewn. (STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five y ats. List the haze Attach additional	oes the treatment through F.15.) d the requested in the site and type years).	EMEDIAL ACTIVITY WASTEWATER: t works currently (or has it been notified that it will) No efformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re ents that are received (or are expected to be receive eary).	e site:
12. Re Pr 13. Wi orig 14. Po kne —	emedia Yes rovide aste C ginate billutan own. (Is this	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five y ats. List the haze Attach additional reatment. s waste treated (oes the treatment through F.15.) d the requested in the site and type years). ardous constituend sheets if necess	EMEDIAL ACTIVITY WASTEWATER: t works currently (or has it been notified that it will) No efformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re ents that are received (or are expected to be receive eary).	e site:
12. Re Pr 13. Wi orig 14. Po kne —	emedia Yes rovide aste C ginate billutan own. (Is this	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five y ats. List the haze Attach additional reatment. s waste treated (oes the treatment through F.15.) d the requested in the site and type years). ardous constituend sheets if necess	tworks currently (or has it been notified that it will) No Information (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. Into that are received (or are expected to be received early).	e site:
12. Re- Pr 13. Wi orig 14. Po kne — —	emedia Yes rovide aste C ginate billutan own. (Is this	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five y ats. List the haze Attach additional reatment. s waste treated (oes the treatment through F.15.) d the requested in the site and type years). ardous constituend sheets if necess	tworks currently (or has it been notified that it will) No Information (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. Into that are received (or are expected to be received early).	e site:
12. Re Pr 13. Wind original 14. Po know a.	emedia Yes rovide Saste C ginate Sollutan ewn. () aste Ti Is this If yes	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five) ats. List the haze Attach additiona reatment. s waste treated (es. \(\subseteq \) No	and our constituent of sheets if necess (or will it be treated eatment (provide in the steel and stype)	tworks currently (or has it been notified that it will) No nformation (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other re ets that are received (or are expected to be receive eary). d) prior to entering the treatment works? information about the removal efficiency):	e site:
12. Re Pr .13. Wind original state of the st	emedia Yes rovide aste C ginate billutan own. (Is this If yes	STEWATER, A ation Waste. D. (complete F.13 a list of sites and Drigin. Describe in the next five) ats. List the haze Attach additional reatment. s waste treated (es \Bo No r, describe the tree.	ardous constituend sheets if necess (or will it be treated in the discharge between the	tworks currently (or has it been notified that it will) No Information (F.13 - F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. Into that are received (or are expected to be received early).	receive waste from remedial activities? e site. emedial waste originates (or is expected to

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ Yes F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. RC Components Name: 373 Mitch McConnell Mailing Address: Bowling Green, Kentucky 42102 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Chromium electroplating and decorative chromium plating of custom motorcycle wheels and accessories F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Motorcycle wheels and accessories Aluminum, chromium and nickel Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 8,900 continuous or b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. □ continuous or □ intermittent <u>5,000</u> apd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits 🛛 Yes ☐ No b. Categorical pretreatment standards If subject to categorical pretreatment standards, which category and subcategory?

DEP 7032A 18O Revised November 2003

40 CFR Part 433 - Metal Finishing Point Source Category; Subpart A - Metal Finishing Subcategory; §433.17 - PSNS

	orks in the past three years?	
	cribe each episode.	
	January 2006. Industry no longer uses copper.	
	700000	
RCRA HAZARDOUS WASTE RECEIVED	DBY TRUCK, RAIL, OR DEDICATED PIPELINE:	
F.9. RCRA Waste. Does the treatment works pipe? Yes No (go to F.12.)	s receive or has it in the past three years received RCR/	N hazardous waste by truck, rail, or dedicated
F.10. Waste Transport. Method by which RC	CRA waste is received (check all that apply):	
☐ Truck ☐ Rail ☐ De	dicated Pipe	
	ous waste number and amount (volume or mass, specify	runits).
EPA Hazardous Waste Number	Amount	<u>Units</u>
		All and the second seco
CERCLA (SUPERFUND) WASTEWATER ACTION WASTEWATER, AND OTHER F		
	nt works currently (or has it been notified that it will) rec	eive waste from remedial activities?
	—	
rea (semplete tille amought tile.)		
Provide a list of sites and the requested-	information (F.13 - F.15.) for each current and future sit	e.
-Provide a list of sites and the requested-	information (F.13 - F.15.) for each current and future sit	0.
F.13. Waste Origin. Describe the site and typ	information (F.13 - F.15.) for each current and future sit be of facility at which the CERCLA/RCRA/or other remed	
F.13. Waste Origin. Describe the site and typ		
F.13. Waste Origin. Describe the site and typ originate in the next five years).		
F.13. Waste Origin. Describe the site and typ originate in the next five years).	pe of facility at which the CERCLA/RCRA/or other remed	
F.13. Waste Origin. Describe the site and typ originate in the next five years).	pe of facility at which the CERCLA/RCRA/or other remed	dial-waste originates (or is expected to
F.13. Waste Origin. Describe the site and typ originate in the next five years).	pe of facility at which the CERCLA/RCRA/or other remedence of facility at the CERCLA/RCRA/or other remeden	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and typ originate in the next five years). ———————————————————————————————————	pe of facility at which the CERCLA/RCRA/or other remedence of facility at the CERCLA/RCRA/or other remeden	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and typ originate in the next five years). ———————————————————————————————————	pe of facility at which the CERCLA/RCRA/or other remedence of facility at the CERCLA/RCRA/or other remeden	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	pe of facility at which the CERCLA/RCRA/or other remedence of facility at the CERCLA/RCRA/or other remeden	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	ents that are received (or are expected to be received).	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession.) F.15. Waste Treatment. a. Is this waste treated (or will it be treated.)	pe of facility at which the CERCLA/RCRA/or other remedence of facility at the CERCLA/RCRA/or other remeden	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession. F.15. Waste Treatment. a. Is this waste treated (or will it be treated.)	ents that are received (or are expected to be received). essary).	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession. F.15. Waste Treatment. a. Is this waste treated (or will it be treated.)	ents that are received (or are expected to be received).	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession. F.15. Waste Treatment. a. Is this waste treated (or will it be treated.)	ents that are received (or are expected to be received). essary).	dial-waste-originates (or is expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession. F.15. Waste Treatment. a. Is this waste treated (or will it be treated.)	ents that are received (or are expected to be received). essary).	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). ———————————————————————————————————	ents that are received (or are expected to be received). ted) prior to entering the treatment works? e information about the removal efficiency):	dial-waste-originates (or is-expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession.) F.15. Waste Treatment. a. Is this waste treated (or will it be treat types.) If yes, describe the treatment (provide types, describe the treatment (provide types).	ents that are received (or are expected to be received). search prior to entering the treatment works? e information about the removal efficiency):	dial-waste-originates (or is expected to
F.13. Waste Origin. Describe the site and type originate in the next five years). F.14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necession.) F.15. Waste Treatment. a. Is this waste treated (or will it be treat types.) If yes, describe the treatment (provide types, describe the treatment (provide types).	ents that are received (or are expected to be received). ted) prior to entering the treatment works? e information about the removal efficiency):	dial-waste originates (or is expected to

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

mus	st complete Part F.	
GE	NERAL INFORMA	TION:
F.1.	Pretreatment Progra	m. Does the treatment works have, or is it subject to, an approved pretreatment program?
	☐ Yes ☐ No	
F.2.		nt Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types discharge to the treatment works.
	a. Number of non-ca	tegorical SIUs.
	b. Number of ClUs.	
SIG	NIFICANT INDUS	TRIAL USER INFORMATION:
Sup	ply the following infor	mation for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 on requested for each SIU.
F.3.	Significant Industrial pages as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
	Name:	SCA Hygiene Products
	Mailing Address:	7030 Louisville Road
	-	Bowling Green, Kentucky 42102
F.5.		and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	Principal product(s):	Adult incontinent pads and briefs
	Raw material(s):	Cellulose pulp, adhesives, sodium poly & crylete (SAP), non-woven fabrics, elastic bonding, polyethylene sheeting
F.6.	Flow Rate.	
		er flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons whether the discharge is continuous or intermittent.
	<u>4,500</u> gpd	⊠ continuous or ☐ intermittent
	b. Non-process wast system in gallons	ewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection per day (gpd) and whether the discharge is continuous or intermittent.
	<u>3,000</u> gpd	□ continuous or □ intermittent
F.7.	Pretreatment Standar	ds. Indicate whether the SIU is subject to the following:
	a. Local limits	⊠ Yes □ No
	b. Categorical pretrea	atment standards Yes No
	If subject to categorica	Il pretreatment standards, which category and subcategory?
		The state of the s

☐ Yes ⊠ No	If yes, describe each	h episode.	
		TO COMMONWE.	
	WAA-U-L	W 44/4	
CRA HAZARDOUS WAST	E RECEIVED BY TR	RUCK, RAIL, OR DEDICATED PIPE	LINE
.9. RCRA Waste. Does the t	reatment works receive		RCRA hazardous waste by truck, rail, or dedicate
pipe? □ Yes □ No	(go to F.12.)		
10. Waste Transport. Metho	od by which RCRA wast	e is received (check all that apply):	
☐ Truck ☐ Rai	Dedicated F	Pipe	
11. Waste Description. Give	EPA hazardous waste	number and amount (volume or mass, s	necify units).
EPA Hazardous Waste I		Amount	Units
		e gyama nyendahaka uni.	
		REMEDIATION/CORRECTIVE	
`TION \\\\ CTE\\\\ TED \\		AL ACTIVITY INTO CTEMA TEC.	
		AL ACTIVITY WASTEWATER:	W
12. Remediation Waste. Do	es the treatment works	currently (or has it been notified that it wi	II) receive waste from remedial activities?
12. Remediation Waste. Do	es the treatment works-	currently (or has it been notified that it wi	
12. Remediation Waste. Do	es the treatment works-	currently (or has it been notified that it wi	
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and the state of sites are stated to state of sites and the state of sites are stated to state of sites are stated to state of sites are stated to stated the	es the treatment works- nrough F.15.) the requested informations: the site and type of facili	currently (or has it been notified that it wi	
12. Remediation Waste. Do ☐ Yes (complete F.13 the Provide a list of sites and	es the treatment works- nrough F.15.) the requested informations: the site and type of facili	currently (or has it been notified that it wi	ure site.
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 - F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do ☐ Yes (complete F.13 the Provide a list of sites and list of sites are listed with list of sites and list of sites and list of sites are listed with list of sites and list of sites are listed with list of sites and lis	es the treatment works- nrough F.15.) the requested information the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do ☐ Yes (complete F.13 the Provide a list of sites and list of sites are listed with list of sites and list of sites and list of sites are listed with list of sites and list of sites are listed with list of sites and lis	es the treatment works- nrough F.15.) the requested information in the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list.) 13. Waste Origin. Describe the originate in the next five year.	es the treatment works- nrough F.15.) the requested information in the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list.) 13. Waste Origin. Describe the originate in the next five year. 4. Pollutants. List the hazar	es the treatment works- nrough F.15.) the requested information in the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information in the site and type of facilities.	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information in the site and type of facilities. redous constituents that a sheets if necessary).	currently (or has it been notified that it wi No on (F.13 - F.15.) for each current and future at which the CERCLA/RCRA/or other are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and sites an	es the treatment works- nrough F.15.) the requested information in the site and type of facilities. redous constituents that a sheets if necessary).	currently (or has it been notified that it wi No on (F.13 – F.15.) for each current and futuity at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information of the site and type of facilities. redous constituents that a sheets if necessary).	currently (or has it been notified that it wind No on (F.13 - F.15.) for each current and future ity at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information of the site and type of facilities. redous constituents that a sheets if necessary).	currently (or has it been notified that it wi No on (F.13 - F.15.) for each current and future at which the CERCLA/RCRA/or other are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information of the site and type of facilities. redous constituents that a sheets if necessary).	currently (or has it been notified that it wind No on (F.13 - F.15.) for each current and future ity at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information of the site and type of facilities. redous constituents that a sheets if necessary).	currently (or has it been notified that it wind No on (F.13 - F.15.) for each current and futuity at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	ure site. remedial waste originates (or is expected to
12. Remediation Waste. Do Yes (complete F.13 the Provide a list of sites and list o	es the treatment works- nrough F.15.) the requested information in the site and type of facilities. redous constituents that a sheets if necessary). rewill it be treated) prior atment (provide information in the discharge be) continued in the discharge be)	currently (or has it been notified that it wind No on (F.13 - F.15.) for each current and futuity at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	ure site. remedial waste originates (or is expected to

DEP 7032A

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

must cor	mpiete Part F.	
GENEF	RAL INFORMAT	ION:
F.1. Pre	etreatment Program	n. Does the treatment works have, or is it subject to, an approved pretreatment program?
	Yes	
		it Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following type discharge to the treatment works.
a.	Number of non-cat	egorical SIUs.
b.—	Number of CIUs.	
SIGNIF	ICANT INDUST	RIAL USER INFORMATION:
		nation for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 n requested for each SIU.
	nificant Industrial l ges as necessary.	User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
Nar	me:	Spirit Services
Mai	iling Address:	930 Gordon Avenue
	_	Bowling Green, Kentucky 42101
F.5. Pri		of uniforms, overalls, gloves, mats, dust mops, linens and towels and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
	ncipal product(s):	Industrial cleaning and drying of uniforms, overalls, gloves, mats, dust mops, linens and towels
Rav	w material(s):	Detergents, bleach, water, soiled products
F.6. Flo	ow Rate.	
		or flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons whether the discharge is continuous or intermittent.
	<u>90,000</u> gpd	☐ continuous or intermittent
b.		ewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection er day (gpd) and whether the discharge is continuous or intermittent.
	<u>2,100</u> gpd	☑ continuous or ☐ intermittent
F.7. Pret	treatment Standard	ds. Indicate whether the SIU is subject to the following:
a.	Local limits	⊠ Yes □ No
b.	Categorical pretrea	tment standards 🔲 Yes 🖾 No
lf su	ubject to categorical	pretreatment standards, which category and subcategory?

	☐ Yes	⊠ No	If yes, desc	ribe each episode.	
	A U A 7 A	DDOLLE WAS	TE DECEME	DATE OF SERVICE	ni-
.9.	RCRA W	aste. Does the	treatment works	BY TRUCK, RAIL, OR DEDICATED PIPEL receive or has it in the past three years received F	
	pipe?	☐ Yes ⊠ N	lo (go to F.12.)		
				RA waste is received (check all that apply):	
	□ Truc k	R	ail Dec	licated Pipe	
11.	Waste E	escription. G	ive EPA hazardou	us waste number and amount (volume or mass, sp	ecify units).
	EPA H	azardous Waste	e Number	Amount	<u>Units</u>
				, RCRA REMEDIATION/CORRECTIVE EMEDIAL ACTIVITY WASTEWATER:	
		71000			
	Remedia	ation Waste. E	oes the treatmen	t works currently (or has it been notified that it will)	receive waste from remedial activities?
				t works currently (or has it been notified that it will)	
	☐ Yes Provide	(complete F.13 a list of sites an	through F.15.) id the requested i	No Normation (F.13 – F.15.) for each current and futur	r e site.
13.	☐ Yes Provide Waste O	(complete F.13 a list of sites an	through F.15.) Index the requested if the site and type	⊠ No	r e site.
13.	☐ Yes Provide Waste O	(complete F.13 a list of sites an Irigin. Describe	through F.15.) Index the requested if the site and type	No Normation (F.13 – F.15.) for each current and futur	r e site.
13. - -	☐ Yes—Provide Waste O originate ———————————————————————————————————	(complete F.13 a list of sites an rigin. Describe in the next five	through F.15.) Ind the requested in the site and type years).	No nformation (F.13 – F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. nts that are received (or are expected to be received)	re site.
113. - - - - -	☐ Yes— Provide Waste Coriginate ———————————————————————————————————	(complete F.13 a list of sites an rigin. Describe in the next five	through F.15.) Ind the requested in the site and type years).	No nformation (F.13 – F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. nts that are received (or are expected to be received)	re site.
14.	☐ Yes— Provide Waste Corriginate ————————————————————————————————————	(complete F.13 a list of sites an brigin. Describe in the next five ts. List the haz Attach additionar	through F.15.) Ind the requested in the site and type years). Eardous constituer all sheets if necessity.	No nformation (F.13 – F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research. nts that are received (or are expected to be received)	re site.
13. - - 14. - -	☐ Yes— Provide Waste Coriginate ————————————————————————————————————	(complete F.13 a list of sites an brigin. Describe in the next five ts. List the haz Attach additionar	through F.15.) Ind the requested in the site and type years). Eardous constituer all sheets if necessity.	No nformation (F.13 – F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re site.
14.	Pollutan Crown (a) Waste Ti Is this	ts. List the haz Attach additions	through F.15.) Ind the requested in the requested in the ethe site and type years). It ardous constitue all sheets if necession (or will it be treated)	No nformation (F.13 – F.15.) for each current and future of facility at which the CERCLA/RCRA/or other research that are received (or are expected to be received sary).	re site.
13. - - 14. - -	Pollutan Crown (a) Waste Ti Is this	ts. List the haz Attach additions	through F.15.) Ind the requested in the requested in the ethe site and type years). It ardous constitue all sheets if necession (or will it be treated)	No nformation (F.13 – F.15.) for each current and future e of facility at which the CERCLA/RCRA/or other re ints that are received (or are expected to be received sary). ed) prior to entering the treatment works?	re site.
113. 114. 	Pollutan Crown (a) Waste Ti Is this	ts. List the haz Attach additions	through F.15.) Ind the requested in the requested in the ethe site and type years). It ardous constitue all sheets if necession (or will it be treated)	No nformation (F.13 – F.15.) for each current and future e of facility at which the CERCLA/RCRA/or other re ints that are received (or are expected to be received sary). ed) prior to entering the treatment works?	re site.
.13. 14. 	Pollutan chown (ts. List the hazattach additiona	through F.15.) Ind the requested in the site and type years). The transfer of the site and type years). The transfer of the site and type years).	No nformation (F.13 – F.15.) for each current and future e of facility at which the CERCLA/RCRA/or other re ints that are received (or are expected to be received sary). ed) prior to entering the treatment works?	re site.
113	Pollutan (nown. (ts. List the haz Attach additions waste treated as No describe the treated as describe the treated as describe the treated	through F.15.) Ind the requested in the site and type years). It ardous constitue all sheets if necession will it be treated the treated	No nformation (F.13 – F.15.) for each current and future of facility at which the CERCLA/RCRA/or other reports that are received (or are expected to be received sary). ed) prior to entering the treatment works? information about the removal efficiency):	re-site. pemedial waste originates (or is expected to

DEP 7032A

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GEI	NERAL INFORMAT	ION:					
F.1.	Pretreatment Progran	n. Does the treatn	nent works have	e, or is it subj	ect to, an approved p	retreatment program?	
	☐ Yes ☐ No						
F.2.	Number of Significar of industrial users that				dustrial Users (CIUs	s). Provide the number of each (of the following types
	a. Number of non-cat	egorical-SIUs					
	b. Number of CIUs.						
SIG	NIFICANT INDUST	RIAL USER IN	IFORMATIC	N:	- T-1		
	ply the following inform provide the informatio			an one SIU d	ischarges to the tre	atment works, copy questions	F.3 through F.8
F.3.	Significant Industrial pages as necessary.	User Information	. Provide the n	ame and add	lress of each SIU disc	charging to the treatment works.	Submit additional
	Name:	Siegel-Robert o	f Kentucky		u. Composition		
	Mailing Address:	350 Scotty's W	ay				
		Bowling Green,	Kentucky 4210)1	- Marie Andrewson () - In the latest and the lates		
F.4. F.5.	Plastic injection mold	ing, surface coatin	g, and electrop	lating of plas	tic automotive and ap	_	bute to the SIU's
	Principal product(s):	Molded, surface	coated and ele	ctroplated pla	astic parts		
	Raw material(s):	Molding pellets in	ncluding ABS a	nd PCABS, c	chrome, copper and n	ickel	
F.6.	Flow Rate.						
	per day (gpd) and vortex per day (gpd) gpd b. Non-process waste	whether the discha	rge is continuor or interr	us or intermit mittent rage daily vol	tent. tume of non-process	er discharged into the collection	
	system in gallons p <u>8,700</u> gpd	per day (gpd) and v	_	charge is con	tinuous or intermitter	ıt.	
F.7.	Pretreatment Standard	ds. Indicate wheth	er the SIU is s	ubject to the	following:		
	a. Local limits		⊠ Yes □	□ No			
	b. Categorical pretrea	tment standards	⊠ Yes □	□No			
	If subject to categorical	l pretreatment star	dards, which c	ategory and	subcategory?		
	40 CFR Part 433 – M	etal Finishing Poir	t Source Categ	jory; Subpart	A – Metal Finishing S	Subcategory; §433.17 - PSNS	

upsets, interference) at the treatment wor ☐ Yes ☒ No ☐ If yes, descri	ribe each episode.	
, ,	ickel to biosolids. No violations occurred.	
		The subfight of SMCCM and Constraint is a party space of the state of the subfight of the subfigure of the subfigure of the subfigure of the subfigure of the
RCRA HAZARDOUS WASTE RECEIVED	BY TRUCK, RAIL, OR DEDICATED PIPELIN	√E ÷
F.9. RCRA Waste. Does the treatment works pipe? ☐ Yes ☐ No (go to F.12.)	receive or has it in the past three years received RC	CRA hazardous waste by truck, rail, or dedicated
F.10. Waste Transport. Method by which RCF	• • • • • • • • • • • • • • • • • • • •	
☐ Truck ☐ Rail ☐ Ded	licated Pipe	
F.11. Waste Description. Give EPA hazardou	is waste number and amount (volume or mass, spe	cify units).
EPA Hazardous Waste Number	Amount	<u>Units</u>
CERCLA (SUPERFUND) WASTEWATER ACTION WASTEWATER, AND OTHER R	, RCRA REMEDIATION/CORRECTIVE EMEDIAL ACTIVITY WASTEWATER:	
F.12. Remediation Waste. Does the treatmen	t works currently (or has it been notified that it will) r	receive waste from remedial activities?
Yes (complete F.13 through F.15.)	⊠ No	
Provide a list of sites and the requested in	nformation (F.13 – F.15.) for each current and future	-site.
F.13. Waste Origin. Describe the site and type originate in the next five years).	e of facility at which the CERCLA/RCRA/or other rer	nedial waste originates (or is expected to
F.14. Pollutants. List the hazardous constituer known. (Attach additional sheets if necess	nts that are received (or are expected to be received sary).	i). Include data on volume and concentration, if
		_
F.15. Waste Treatment.		
a. Is this waste treated (or will it be treated	ed) prior to entering the treatment works?	
☐ Yes ☐ No		
If yes, describe the treatment (provide	information about the removal efficiency):	
b. Is the discharge (or will the discharge I	oe) continuous or intermittent?	
☐ Continuous ☐ Intermitter	nt If intermittent, describe discharge schedule.	
DEEED TO THE ADDITIONATION	END OF PART F. ION OVERVIEW TO DETERMINE	WHICH OTHER DARTS OF
	FORM A YOU MUST COMPLETE	

DEP 7032A 19R Revised November 2003

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

must complete i art i .	
GENERAL INFORMATION	N .
F.1. Pretreatment Program. D	loes the treatment works have, or is it subject to, an approved pretreatment program?
☐ Yes ☐ No	
	dustrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following type charge to the treatment works.
a. Number of non-categor	rical SIUs.
b. Number of CIUs	
SIGNIFICANT INDUSTRIA	AL USER INFORMATION:
Supply the following information and provide the information re	on for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 quested for each SIU.
F.3. Significant Industrial Use pages as necessary.	r Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional
Name: S	Stoody Company
Mailing Address: 5	557 Nashville Road
В	Sowling Green, Kentucky 42101
F.5. Principal Product(s) and discharge.	Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's
Principal product(s): We	elding rods, stick electrodes
Raw material(s): Str	rip steel, flux (metal and mineral powders), solid wire
F.6. Flow Rate.	
Process wastewater flo per day (gpd) and whet	w rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons the richer discharge is continuous or intermittent.
<u>146</u> gpd	continuous or intermittent
	er flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection lay (gpd) and whether the discharge is continuous or intermittent.
<u>1,615</u> gpd	☑ continuous or ☐ intermittent
F.7. Pretreatment Standards.	Indicate whether the SIU is subject to the following:
a. Local limits	⊠ Yes □ No
b. Categorical pretreatme	nt standards ☐ Yes ☒ No
If subject to categorical pre	treatment standards, which category and subcategory?

RCRA	HAZARDOUS WAST	E DECEIVED BY	TRUCK, RAIL, OR DEDICATED PIPE	I INC.
F.9. R	CRA Waste. Does the t	reatment works rece		RCRA hazardous waste by truck, rail, or dedicate
Đ	ipe? ☐ Yes ☒ No	(90 to F.12.)		
			vaste is received (check all that apply):	
L] Truck □ Ra	il Dedicate	ed Pipe	
11. V	Vaste Description. Giv	e EPA hazardous wa	aste number and amount (volume or mass, s	specify units).
	EPA Hazardous Waste	Number	<u>Amount</u>	<u>Units</u>
		_		
		-		
			CRA REMEDIATION/CORRECTIVE EDIAL ACTIVITY WASTEWATER:	
			rks currently (or has it been notified that it wi	
			⊠ No	
			mation (F.13 - F.15.) for each current and futi	
or 	iginate in the next five yo	ears).	acility at which the CERCLA/RCRA/or other	remediai waste originates (or is expected to
	N 1847A			

	ollutants. List the haza nown. (Attach additional			ved). Include data on volume and concentration,
_		···		

.15. W	aste Treatment.			
a.	Is this waste treated (c	or will it be treated) p	rior to entering the treatment works?	
	☐ Yes ☐ No —			
	If yes, describe the tre	atment (provide info	rmation about the removal efficiency):	
_		• ************************************		
	Is the discharge (or wil	ll the discharge be) o	continuous or intermittent?	
b.	is the discharge to mi			
b.		☐ Intermittent	If intermittent, describe discharge schedu	lle.

DEP 7032A 19S Revised November 2003

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ Yes - No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. U.S. Corregated Name: 225 Mitch McConnell Way Mailing Address: Bowling Green, Kentucky 42102 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Production of corrugated container board F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Corregated cardboard boxes Paper stock, corn starch, liquid sodium hydroxide, water based inks, boiler chemicals, and Bechart chemicals Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 5,600 continuous or gpd b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. □ continuous or □ intermittent 5,600 gpd F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

DEP 7032A 18T Revised November 2003

☐ No

⊠ No

✓ Yes

☐ Yes

If subject to categorical pretreatment standards, which category and subcategory?

a. Local limits

b. Categorical pretreatment standards

☐ Yes ⊠ No	If yes, describe eac	ch episode.		
***************************************		1/4/2010/10/10/10/10		
		RUCK, RAIL, OR DEDICATED PIP	ELINE: d RCRA hazardous waste by truck, rail, or	dedicat
pipe? ☐ Yes ☒	No (go to F.12.)	of the Ran the past three years receive	a real villazardoda waste by track, rail, or	dodioat
10. Waste Transport. M	ethod by which RCRA wast	te is received (check all that apply):		
☐ Truck ☐	Rail Dedicated I	Pipe		
11. Waste Description.	Give EPA hazardous waste	e number and amount (volume or mass,	specify units).	
EPA Hazardous Was	ste-Number	<u>Amount</u>	<u>Units</u>	
			44-44-44-44-44-44-44-44-44-44-44-44-44-	
		A REMEDIATION/CORRECTIVE		
HOR WASILWATER	, AND OTHER REMIED	IAL ACTIVITY WASTEWATER:		
		****	will) receive waste from remedial activities?	2
2. Remediation Waste.	Does the treatment works	****		2
12. Remediation Waste. ☐ Yes (complete F.1	Does the treatment works	currently (or has it been notified that it		2
12. Remediation Waste. — Yes (complete F.1 Provide a list of sites a	Does the treatment works 13 through F.15.) and the requested informat	currently (or has it been notified that it v No ion (F.13 - F.15.) for each current and for	uture site.	
12. Remediation Waste. — Yes (complete F.1 Provide a list of sites a	Does the treatment works 13 through F.15.) and the requested informations in the site and type of facilians.	currently (or has it been notified that it v No ion (F.13 - F.15.) for each current and for		
12. Remediation Waste. Yes (complete F.1 Provide a list of sites at 13. Waste Origin. Description	Does the treatment works 13 through F.15.) and the requested informations in the site and type of facilians.	currently (or has it been notified that it v No ion (F.13 - F.15.) for each current and for	uture site.	
12. Remediation Waste. — Yes (complete F.1 Provide a list of sites a 13. Waste Origin. Descrioriginate in the next fiv	Does the treatment works 13 through F.15.) and the requested informat ibe the site and type of facilie years).	currently (or has it been notified that it v No ion (F.13 - F.15.) for each current and for	uture site. er remedial waste originates (or is expected	
12. Remediation Waste. ☐ Yes (complete F.1 Provide a list of sites a 13. Waste Origin. Descrioriginate in the next fiv	Does the treatment works 13 through F.15.) and the requested informat ibe the site and type of facilie years).	currently (or has it been notified that it was No ion (F.13 - F.15.) for each current and fullity at which the CERCLA/RCRA/or other	uture site. er remedial waste originates (or is expected	
12. Remediation Waste. Yes (complete F.1) Provide a list of sites a 13. Waste Origin. Description originate in the next five	Does the treatment works 13 through F.15.) and the requested informative the site and type of facility years).	currently (or has it been notified that it was it been notified that it was not find the current and full the control of the current and full the current an	uture site. er remedial waste originates (or is expected	1-to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five t	Does the treatment works 13 through F.15.) and the requested informative the site and type of facility years).	currently (or has it been notified that it was it been notified that it was not find the current and full the control of the current and full the current an	uture site. er remedial waste originates (or is expected	1-to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five t	Does the treatment works 13 through F.15.) and the requested information in the site and type of facility years).	currently (or has it been notified that it was it been notified that it was not find the current and full the control of the current and full the current an	uture site. er remedial waste originates (or is expected	1-to
2. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five th	Does the treatment works 13 through F.15.) and the requested information in the site and type of facility years).	currently (or has it been notified that it was it been notified that it was not find the current and full the control of the current and full the current an	uture site. er remedial waste originates (or is expected	1 to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five t	Does the treatment works 13 through F.15.) and the requested information in the site and type of facility years).	currently (or has it been notified that it was it been notified that it was not find the current and full the control of the current and full the current an	uture site. er remedial waste originates (or is expected	1 to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five originate in the next five signate. 4. Pollutants. List the high known. (Attach addition	Does the treatment works 13 through F.15.) and the requested informative the site and type of facility years). azardous constituents that and sheets if necessary).	currently (or has it been notified that it was it been notified that it was not find the current and full the control of the current and full the current an	uture site. er remedial waste originates (or is expected	1 to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five t	Does the treatment works 13 through F.15.) and the requested information of the site and type of facility of the site and type of the site and ty	currently (or has it been notified that it was Notion (F.13 - F.15.) for each current and fullity at which the CERCLA/RCRA/or other are received (or are expected to be received.	uture site. er remedial waste originates (or is expected	1 to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five originate in the next five originate in the next five originate. 4. Pollutants. List the high known. (Attach addition of the next five originate in the	Does the treatment works 13 through F.15.) and the requested information of the site and type of facility years). azardous constituents that anal sheets if necessary).	currently (or has it been notified that it was Notion (F.13 - F.15.) for each current and fullity at which the CERCLA/RCRA/or other are received (or are expected to be received.	uture site. er remedial waste originates (or is expected	1 to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five originate in the next five originate in the next five originate. List the high known. (Attach addition or the next five originate in the next five orig	Does the treatment works 13 through F.15.) and the requested information of the site and type of facility years). azardous constituents that anal sheets if necessary).	currently (or has it been notified that it value ion (F.13 - F.15.) for each current and fulfility at which the CERCLA/RCRA/or other are received (or are expected to be received to be received).	uture site. er remedial waste originates (or is expected	1-to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the next five originate in the next five originate in the next five originate. List the high known. (Attach addition or the next five originate in the next five orig	Does the treatment works 13 through F.15.) and the requested information of the site and type of facility years). azardous constituents that anal sheets if necessary).	currently (or has it been notified that it value ion (F.13 - F.15.) for each current and fulfility at which the CERCLA/RCRA/or other are received (or are expected to be received to be received).	uture site. er remedial waste originates (or is expected	1-to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites of site	Does the treatment works 13 through F.15.) and the requested information of the site and type of facilities are years). azardous constituents that anal sheets if necessary). ad (or will it be treated) prior treatment (provide information of the site and type of facilities are years).	currently (or has it been notified that it is notion (F.13 - F.15.) for each current and fullity at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	uture site. er remedial waste originates (or is expected	1-to
12. Remediation Waste. Yes (complete F.1) Provide a list of sites at the site originate in the next five the site originate in the next five the site originate. List the harmonic (Attach addition) 5. Waste Treatment. a. Is this waste treate yes, describe the the site of the sit	Does the treatment works 13 through F.15.) and the requested information of the site and type of facilities years). azardous constituents that anal sheets if necessary). In the discharge be constituents information of the site and type of facilities are years).	currently (or has it been notified that it is notion (F.13 - F.15.) for each current and fullity at which the CERCLA/RCRA/or other are received (or are expected to be received to entering the treatment works?	er remedial waste originates (or is expected	1-to

SUPPLEMENTAL APPLICATION INFORMATION PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. **GENERAL INFORMATION:** F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? ☐ Yes - No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Western Kentucky University Name: 1906 College Heights Blvd. # 11046 Mailing Address: Bowling Green, Kentucky 42101-1046 F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Chemical labs, biology labs and meal preparation F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Laboratory training, meals, boiler blowdown, and cooling tower blowdown Labs: Various chemicals, cleaning agents, water Raw material(s): Meal Preparation: cooking products, water, food safe detergents for equipment clean-up F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 0 gpd ☐ continuous or ☐ intermittent Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. 300.000 gpd □ continuous or □ intermittent F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits Yes ☐ No ☐ Yes ☐ No

18U **DEP 7032A** Revised November 2003

b. Categorical pretreatment standards

If subject to categorical pretreatment standards, which category and subcategory?

☐ Yes ☒ No If yes, de	scribe each episode.	
CRA HAZARDOUS WASTE RECEIVE	ED BY TRUCK, RAIL, OR DEDICATED PIPEI	LINE:
.9. RCRA Waste. Does the treatment wor	ks receive or has it in the past three years received	RCRA hazardous waste by truck, rail, or dedicate
pipe? Yes No (go to F.12.)		
.10. Waste Transport. Method by which F	RCRA waste is received (check all that apply):	
☐ Truck ☐ Rail ☐ D	Pedicated Pipe	
11 Wasta Description Give EDA hazara	doug waste number and amount (valume or mass, o	nocify unita)
EPA Hazardous Waste Number	dous waste number and amount (volume or mass, s Amount	Units
	- Internet	<u>Onito</u>
	ER, RCRA REMEDIATION/CORRECTIVE REMEDIAL ACTIVITY WASTEWATER:	Part Bar Waller and The Committee of the
	nent works currently (or has it been notified that it wi	II) receive waste from remedial activities?
Ta: Nomediation vaste. Does the treatm	ioni wond canoning to mas it been notined that it wi	
☐ Voc. (complete E 13 through E 15.)		
	⊠ No	
-Provide a list of sites and the requester	☑ No d information (F.13 – F.15.) for each current and futu	ure site.
-Provide a list of sites and the requester	⊠ No	ure site.
Provide a list of sites and the requester 13. Waste Origin. Describe the site and ty	☑ No d information (F.13 – F.15.) for each current and futu	ure site.
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu	ure site.
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other	ure site.
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other uents that are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other uents that are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other uents that are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester 13. Waste Origin. Describe the site and to originate in the next five years).	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other uents that are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other uents that are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	☑ No d information (F.13 – F.15.) for each current and futu ype of facility at which the CERCLA/RCRA/or other uents that are received (or are expected to be received.	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	No d information (F.13 – F.15.) for each current and future the control of the co	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	No d information (F.13 – F.15.) for each current and future the control of the co	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	No d information (F.13 – F.15.) for each current and future type of facility at which the CERCLA/RCRA/or other usents that are received (or are expected to be received essary).	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	No d information (F.13 – F.15.) for each current and future type of facility at which the CERCLA/RCRA/or other usents that are received (or are expected to be received essary).	ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————		ure site. remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). ———————————————————————————————————	No d information (F.13 – F.15.) for each current and future type of facility at which the CERCLA/RCRA/or other usents that are received (or are expected to be received essary). ated) prior to entering the treatment works? de information about the removal efficiency):	remedial waste originates (or is expected to
Provide a list of sites and the requester. 13. Waste Origin. Describe the site and the originate in the next five years). 14. Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary in the second sheets if necessary in the second sheets. 15. Waste Treatment. 16. Waste Treatment. 17. Pollutants. List the hazardous constitute known. (Attach additional sheets if necessary in the second sheets.) 18. Waste Treatment. 19. Is this waste treated (or will it be treatment (proving the second sheets.)		remedial waste originates (or is expected to

SU	PF	LEMENTAL	APPLICATION INFORMATIO	N		
PAF	RT (G. COMBINE	D SEWER SYSTEMS - (NOT APPLIC	ABLE)		
If the	tre	atment works ha	as a combined sewer system, complete Part	G.		
G.1.	Sy	stem Map. Provid	de a map indicating the following: (may be included	ded with Basic Application Information)		
		Sensitive use are	charge points. e areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, ding natural resource waters).			
	C.	J	port threatened and endangered species potent	ially affected by CSOs.		
G.2.	Sys tha	stem Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system at includes the following information:				
	a.	Locations of maj	jor sewer trunk lines, both combined and separa	ate sanitary.		
	b.	Locations of poir	nts where separate sanitary sewers feed into the	e combined sewer system.		
	c.	Locations of in-li	ne and off-line storage structures.			
	d.	Locations of flow	v-regulating devices.			
	e.	Locations of pur	np stations.			
cso	0	JTFALLS:				
Com	plet	e questions G.3	through G.6 once <u>for each CSO discharge p</u>	pint.		
		cription of Outfa				
	a.	Outfall number				
	b.	Location				
			(City or town, if applicable)	(Zip Code)		
			(County)	(State)		
			(Latitude)	(Longitude)		
	C.	Distance from sh	nore (if applicable) ft.			
	d.					
	e. Which of the following were monitored during the last year for this CSO?					
		☐ Rainfall	☐ CSO pollutant concentrations	☐ CSO frequency		
		CSO flow volu	ume Receiving water quality			
	f.	How many storm	events were monitored during the last year?			
G 4 1	267) Events				
G.4. (G.4. CSO Events.					
	a.	Give the number	of CSO events in the last year.			
		events ([☐ actual or ☐ approx.)			
	b.	Give the average	e duration per CSO event.			
		hours (🗌	actual or 🔲 approx.)			

DEP 7032A 20 Revised November 2003

		END OF PART G.
	per	scribe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, manent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water lity standard).
G.6.	csc	O Operations.
		United States Geological Survey 8-digit hydrologic cataloging unit code (if known):
	C.	Name of State Management/River Basin:
		United States Soil Conservation Service 14-digit watershed code (if known):
	b.	Name of watershed/river/stream system:
	a.	Name of receiving water:
G.5.	Des	cription of Receiving Waters.
		inches of rainfall
	d.	Give the minimum rainfall that caused a CSO event in the last year.
		million gallons (actual or approx.)
	C.	Give the average volume per CSO event.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.